IHS RPMS
Referred Care Information System (BMC)

Version 1.0

User's Guide

September 1997

Indian Health Service
Resource and Patient Management System (RPMS)

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Referred Care Information System
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An Overview of the IHS Referred Care Information System

The new IHS Referred Care Information System (RCIS) is a group of computer programs to assist with the clinical and administrative management of all referred care, including in-house referrals, referrals to other IHS facilities, and referrals to outside contract providers. The system is designed to automate the referral process within a facility. In doing so, essential information is gathered that provides timely and accurate referral data on individuals and groups of patients for the key clinical and administrative managers at care delivery sites, IHS Areas, and IHS Headquarters. By tracking information on referred care, the goal of the RCIS is to help ensure that IHS provides appropriate, effective, and high-quality referred care services to American Indian/Alaska Native people at fair and reasonable prices.

The Referred Care Information System contains many features that facilitate the entry, management, and retrieval of referred care data. The RCIS:

- Tracks information on all types of referred care, including care provided by CHS, non-CHS, and IHS facilities, and Tribal sites.
- Allows for either direct data entry at a terminal by a provider or later data entry by a clerk from a handwritten referral form.
- Automates data entry for common referrals specific to your facility; e.g., screening mammography, audiology, or prenatal care.
- Categorizes care into clinically defined "episodes," rather than individual purchase orders.
- Minimizes redundant data entry by linking with the Contract Health Services system (CHS) and the Patient Care Component (PCC) to share information.
- Allows for data collection and recording before, during, and after referred care is provided.
- Records clinical as well as administrative information.
- Functions in a "bare bones" form as well as in its fullest implementation.
- Has the capability to export data to the Area office for Area-wide analyses.

Numerous outputs are available from the RCIS that facilitate data retrieval and administrative tasks. The system includes:

- Automated e-mail bulletins to managers on potentially high-cost cases, cosmetic and experimental procedures, and cases that may have third-party liability.
- Printed referral forms that referred patients take from the IHS facility to the referred provider. Each referral form contains all of the necessary administrative and clinical data for referred care services to the extent that this information has been entered into the system.
- Standard sets of administrative reports, including reports on high-cost management, utilization, quality of care, contract management, and third-party utilization.
- An ad-hoc retrieval system, both within the Referred Care Information System itself and by transferring data to the PCC where it is accessible by Q-Man, the more powerful ad-hoc search tool.

The Referred Care Information System was developed jointly by the ISD/OHPRD development team in Tucson, the IHS Managed Care Committee, and field clinical and administrative managers involved in providing and managing direct patient care.

Introduction

The Referred Care Information System provides a standard tool for automating the referral process and maintaining records on referred care services. There are three main modules specific to the RCIS that are accessible from the system's main menu (see below):

- Data Entry
- Print Reports
- RCIS Management

All of the data entry, management, and retrieval for the RCIS are performed with these three menu options. This user's manual presents descriptions of these options and their submenus and provides detailed instructions for using all aspects of the system. It is recommended that you read the entire manual before using the RCIS.

In addition to the above modules, you will have easy access to Health Summary and Patient Registration system menus. These options are provided on the main menu of the RCIS to allow you to review and print a patient's registration information or health summary with a minimum of effort. Detailed information on these options is provided in their respective user's manuals and will not be covered in this guide.

```
                ******************************************
                *          INDIAN HEALTH SERVICE         *
                *     REFERRED CARE INFORMATION SYSTEM   *
                *         VERSION 1.0, May 07, 1997      *
                ******************************************
                           SELLS HOSPITAL/CLINIC
                                 MAIN MENU


DE      Data Entry ...
RPT     Print Reports ...
MGT     RCIS Management ...
HS      Health Summary ...
REG     Patient registration ...
```

The Data Entry Module

Most referral processing work is handled in the Data Entry module on the RCIS main menu. Initial referral information can be directly entered by a provider at a terminal. Additional referral information can then be added as needed by a scheduling clerk and staff in the CHS, Business, and Managed Care offices. Once the initial data has been entered in the system, an RCIS-generated referral letter that contains only the clinical and administrative information needed by the patient and the referred care provider can be printed and forwarded or hand-carried by the patient to the referred provider.
Alternatively, information can be progressively added to a standard, handwritten referral form. The final cumulative information can then be entered into the RCIS by a staff member in the CHS, Business, or

Managed Care office. The handwritten referral form may be taken by the patient to the outside provider or a letter may be printed after the data entry is complete and then forwarded to the outside provider.

After a patient has received services from an outside provider, the referral may be closed via the RCIS Data Entry module or the link with the CHS system, if enabled.

The Print Reports Module

A set of predefined reports is available from the RCIS for administration and analysis of referred care data. The report categories available in the Print Reports option on the RCIS main menu are:

- Administrative Reports
- Case Management Reports
- Utilization Reports
- Quality of Care Reports

In addition to the predefined reports, the RCIS provides a general retrieval report option that allows for the creation of custom reports to meet the needs of your facility. This option is available from the Print Reports menu.

When the interface with the PCC is enabled, all referred care data in the RCIS is shared with the PCC in an automated fashion. The PCC then becomes a much more complete repository of all patient care information, direct and referred, allowing managers to utilize the powerful search engine, Q-Man, on this more complete information system for extensive and detailed report outputs.

The RCIS Management Module

The RCIS Management module allows the Site Manager to set the special parameters for this software, which customizes its features to meet your site's specific needs. Menu options will allow you to:

- Enable the interfaces between the RCIS and the PCC or CHS
- Create site-specific local table files
- Enter full ICD diagnostic and CPT procedure codes
- Utilize e-mail alert bulletins for potential high-cost cases, cosmetic procedures, experimental procedures, and cases with third-party liability
- Indicate a contact person and phone number that will be printed on all referral letters
- Create customized referral templates to minimize data entry for common referrals
- Identify special default entries to minimize data entry

Note: You must set the RCIS site parameters before using the system for the first time. You may modify these parameters at a later time, as needed.

The Data Entry Module

The Data Entry module, accessible from the RCIS main menu, provides functions for initiating referrals, modifying referral information, reviewing patient insurance coverage, closing referrals, viewing patient referral records, and printing referral forms. The menu options available are shown on the Data Entry menu below.

```
                ****************************************
                *          INDIAN HEALTH SERVICE       *
                *     REFERRED CARE INFORMATION SYSTEM     *
                *        VERSION 1.0, May 07, 1997         *
                ****************************************
                          SELLS HOSPITAL/CLINIC
                                Data Entry

  ADD    Add Referral
  MOD    Modify Referral - Current Fiscal Year
  CLO    Close Out Referral - Current Fiscal Year
  BOC    Enter or Edit Business Office/CHS Comments
  MSD    Enter or Edit Scheduling Data
  URMD   Utilization Review by MD/Managed Care Comm Action
  ALT    Check Alternate Resources
  DSP    Display Referral Record
  PRF    Print Referral Letter (All Types of Letters)
  PRS    Print Routing Slips
  SUP    RCIS Data Entry Supervisory Utilities ...
```

Many of the options in the Data Entry menu present screens in which data may be entered and modified. The following commands are useful for navigating these screens and entering data.

Command/Key	Function
TAB key	To move your cursor from one field to another.
RETURN key	To move your cursor from one field to another.
^	To move your cursor to a selected field. You must type the up-hat (SHIFT + 6) and the first few letters of the field; for example, ^PRIO will move your cursor to the Priority field. Also, the up-hat followed by the RETURN key will move the cursor to the Command line.
?	For assistance with the type of data that needs to be entered in a particular field, type a question mark and press the RETURN key. Help text will appear at the bottom of the screen.
<F1>H	To view a list of commands for navigating the data entry screens.
<F1>C	To close a pop-up screen and return to the primary data entry screen.
<F1>E	To exit a data entry screen and save your changes.
<F1>Q	To exit a data entry screen without saving your changes.

For a more detailed list of data entry commands and other introductory information on using the system, please refer to the appendix.

Adding a New Referral

New referrals may be entered directly into the system upon initiation or recorded manually on a printed form and entered into the system at a later time.

To add data to the RCIS for a new referral, select the Add Referral option on the Data Entry menu. You will be prompted for a patient name. You can select a patient by entering the patient's name (last name then first name or initial, separated by a comma), social security number, health record number, or ward number if the patient is an inpatient. The patient must be registered at your facility prior to initiating a referral. If you enter the name of a patient who is not registered, the system will respond with two questions marks and a beep. To register a patient, follow the standard registration procedures at your site.

If the patient you enter has prior referrals that have been recorded in the system, the five most recent referrals within the current fiscal year for the patient will display on the screen. The information displayed includes the initiation date, referral number, patient name, actual or estimated date of service, referred provider, and purpose of referral. You will then have the option to continue adding a referral or return to the Data Entry menu. By displaying the most recent referrals that have been initiated, this feature prevents the duplicate entry of referrals for a patient. If no referrals for the patient have been recorded, the message "No Existing Referrals" will appear, as shown in the sample dialog on the following page.

Next, you will enter the date on which the referral was initiated. Note that the date you enter at this prompt is not necessarily the same as the current date. For instance, if you are entering data from handwritten referral forms generated during the previous week, you would enter the date that was recorded on the referral form, not the current date. The default value for the date prompt is the current date. If you are entering a referral directly into the system upon initiation, press RETURN to accept the default value.

After you have entered the referral date, you will be presented with a list of referral forms. The first three choices are standard referral forms that are distributed with the package. Each of the following standard forms are described in detail in this section.

1. Mini Referral
2. Complete Referral
3. Referral initiated by outside facility

Subsequent forms on the selection list are referral templates that have been created specifically by your facility. The locally defined forms are referral types that are frequently initiated at your site. These templates minimize the amount of data entry required by incorporating data that will remain constant for these referral types. For instance, if you refer all routine mammograms to one outside provider, you would probably use a custom template for generating those referrals. (See pages 61 to 63 for instructions on creating these custom referral types.)

Next you will enter the name of the provider who requested the referral. You can identify the provider by full name (last name then first name, separated by a comma) or initials. The Requesting Provider prompt will not appear if you have selected a referral initiated by an outside facility.

Once you have entered all of the initial data requested, the system automatically assigns a referral number and the form you have chosen will appear on your screen for entering data.

An example of the first three steps in the process of adding a new referral are presented on the following page. These steps will be the same for each type of referral that you enter into the system. User responses and instructions are in bold type.

```
Select PATIENT NAME: THATCHER,BECKY          F 01-01-33 000170001   SE256789

                              ********************
                              **LAST 5 REFERRALS**
                              ********************

                          **--NO EXISTING REFERRALS--**

DATE INITIATED: TODAY// JUNE 10, 1996  (JUN 10, 1996)

Please select the referral form you wish to use.

     1.  Mini Referral (abbreviated entry for clinicians)
     2.  Complete Referral (all referral data)
     3.  Referral initiated by outside facility

     Locally-defined Routine Referral Templates:

     4. Routine Mammogram
     5. Prenatal Care
     6. Outpatient Surgery


Enter REFERRAL FORM:  (1-6): 2

Enter REQUESTING PROVIDER: GRIFFITH,STANLEY P

REFERRAL number : 0001019500455 [This number is automatically assigned.]
```

Using the Complete Referral Form

The Complete Referral Form is a comprehensive format for entering patient referral data. It is typically used when referral data is entered from a handwritten form. The Complete Referral screen (see the figure on the following page) prompts you for almost every piece of referral information that is entered into the RCIS.

Not all of the data items that appear on the form are required. The required data items are underlined. If you have not entered data into all of the required fields and try to exit the screen, the system will alert you and return you to the data entry screen. Referral data will not be entered into the system without all of the required data items.

Some of the fields shown in the Complete Referral form have pop-up screens that request additional information, depending on the data that you have entered. None of the information prompted for with pop-up screens is required.

Patient information and help tips are displayed below the line at the bottom of the Complete Referral form. The information displayed varies according to the field in which you are entering data. For instance, if your cursor is at Referral Type, information on the patient's insurance displays below the line. If you need assistance with entering data into a field and are unsure what to enter, type a question mark and press RETURN to see help screens displayed below the line.

Each piece of information collected from the Complete Referral form is defined and described in detail in the order in which it appears on the form.

```
                          RCIS REFERRAL RECORD
DATE: JUN 10,1996  NUMBER: 0001019500455  PATIENT: THATCHER,BECKY
------------------------------------------------------------------------------
REQUESTING FACILITY:                      Display Face Sheet?
REFERRAL TYPE:                            PRIMARY PAYOR:
INPATIENT/OUTPATIENT:                     CASE MANAGER:
ACTUAL APPT/ADM DATE&TIME:

PROVISIONAL DRG:
ESTIMATED TOTAL REFERRAL COST:            ESTIMATED IHS REFERRAL COST:

PURPOSE/SERVICES REQUESTED:
PERTINENT MED HX & FINDINGS:              PRIORITY:
ARE YOU SENDING ADDITIONAL MEDICAL INFORMATION WITH THE PATIENT?
BUSINESS OFFICE/CHS COMMENTS:
ICD DIAGNOSTIC CATEGORY:
CPT PROCEDURE CATEGORY:
_____________________________________________________________________________

                  [Patient information and help screens display here.]
```

Date. The date at the top of the referral form refers to the date that the referral was initiated. This date is entered prior to selecting a referral form for data entry. The date you enter is automatically incorporated into the data entry screen.

Number. The referral number is automatically generated for each new referral that is entered into the system. Entering a patient name, date, provider name, and referral form for data entry initiates the referral number assignment. The number assigned is included at the top of the referral form for data entry and need not be entered by the user. This number generated consists of your 6-digit facility code, 2-digit calendar or fiscal year entered in the site parameters, and a 5-digit referral number. In the example above (#001019500455), 000101 is the Sells Hospital facility number, 95 is the fiscal year specified in the site parameters, and 00455 is the number for the referral.

Patient. The name of the patient for whom you are entering referral data is included at the top of the data entry screen and does not need to be re-entered.

Requesting Facility. Enter into this field the facility from which the referral is made. The default for this field will be your facility. Press RETURN or TAB to accept the default value.

Display Face Sheet. The Face Sheet is a summary of the patient's registration data. You may browse or print the patient's face sheet while entering referral data. To do so, enter "Y" (yes) at the prompt and then select to print or browse the face sheet. The default value for this field is "N" (no). Press RETURN to accept the default value.

Referral Type. This is the type of referral that you are generating. You must select one of the following types:

- IHS: A referral to another IHS facility
- CHS: A referral to an outside facility that will be paid for with CHS funds
- In-House: A referral to another clinical area within your facility
- Other: Any other type of referral that will be paid for with funds other than CHS; for example, Medicaid or private insurance

If you are not sure of the referral type, always enter CHS. If the CHS office determines that the patient is not eligible for CHS services, the referral record can be changed accordingly. However, if CHS is entered at the referral type and a CHS authorization is entered for the referral, the type cannot be changed. This field defaults to CHS. Press RETURN to accept the default value or enter the first letter of the correct type.

When a referral type is entered, an alert message may appear at the bottom of the screen to convey pertinent information about the patient. For instance, if you entered CHS, you may see the following message: Patient Registration indicates that this patient is NOT ELIGIBLE for CHS care. Be aware of these alerts and direct any questions about them to your Patient Registration Manager.

After you have entered a referral type, a pop-up screen will appear that prompts you for the specific facility to which you are referring the patient. The following screens appear for each of the referral types. Sample user entries are in bold type.

IHS

```
TO IHS FACILITY: PHOENIX INDIAN MED CENTER
```

Enter the IHS facility to which the patient is referred. This is a required entry.

CHS and Other

```
TO PRIMARY VENDOR: UNIVERSITY MEDICAL CENTER
SPECIFIC PROVIDER: MARTINEZ,MARTY
```

In the Primary Vendor field, enter the facility to which the patient is referred. The facility you enter must be a service provider that has already been entered into the vendor file. To enter a service provider that is not already in your facility's system, contact your CHS or Site Manager.

In the Other Provider field, enter the name of the specific provider, if needed. If you enter the name of a provider who has not already been entered into your system, a message will appear on the screen asking if you want to add the provider to your RCIS-specific provider list. Entering "Yes" will add the new provider to your site's list; entering "No" will display a list of providers from which to choose. To bypass the Other Provider field, press RETURN.

```
Are you adding 'MARTINEZ,MARTY' as
    a new RCIS SPECIFIC PROVIDER (the 11TH)?
```

Note: Other Provider is a learn-as-you-go (LAYGO) field. All entries should be consistent to avoid the addition of duplicate entries into this local table file and must be entered using all capital letters. You will want to establish a standard format for entering these names; for example, always use last name then first name separated by a comma, as shown in the example.

If you do not know the Primary Vendor at the time of the referral entry, type "Unspecified" in the field (see below). This entry can be modified at a later date.

```
TO PRIMARY VENDOR: UNSPECIFIED
SPECIFIC PROVIDER: [PRESS RETURN TO BYPASS]
```

In-House

```
Clinic Referred To (In-House): PHYSICAL THERAPY
```

Type in the name or code of the in-house clinic to which the patient is referred.

Primary Payor. The Primary Payor is the party that is responsible for payment of the referred service. You must enter one of the following choices:

1. IHS
2. Medicare
3. Medicaid
4. Private
5. Patient
6. VA
7. Other
8. Workman's Compensation

You may enter your selection by typing the name of your choice or the selection number and pressing RETURN. If you are not certain of the responsible party, always enter IHS. The referral record may be modified later, if needed.

Inpatient/Outpatient. The Inpatient/Outpatient field is used to indicate whether the referral for care is an inpatient or outpatient visit. Type an I or O in this field to make your selection.

Case Manager. Enter the name of the case manager who is assigned to this referral. If your site has only one case manager or a primary case manager who handles most of the referred care services, you can set the name of this person as the default entry for this field by using the RCIS Management option (see page 57 for instructions on setting this parameter).

Actual Appointment/Admission Date. This field is used for entering the appointment date and time for an outpatient referral and the admission date for an inpatient referral.

☑ **If you know the actual admission date or the appointment date and time,** enter it in this field. You will then be prompted for additional information with a pop-up screen. The information requested will vary depending on whether the referral is for an inpatient or outpatient visit. Each screen is described and shown below. Sample entries and instructions are in bold type.

Inpatient

For an inpatient referral, you will be asked for an estimated length of stay. It is important that you enter this information if you will be generating reports that identify patients who have exceeded their anticipated length of stay so that you can perform utilization reviews and more closely monitor these patients.

```
ESTIMATED LENGTH OF STAY: 3
```

Outpatient

For an outpatient referral, you will be prompted for the expected end date of service and the estimated number of visits. If the patient will have only one visit, press RETURN at the first prompt to bypass the expected end date of service and press RETURN at the estimated number of visits prompt to accept 1 as the default value.

Outpatient referrals sometimes require multiple visits over a period of time. For a patient who will have multiple visits, enter the estimated date that services will be completed. You can enter dates in this field with shortcuts such as T+14 (14 days from today) or T+3M (3 months from today). Then enter the estimated number of visits. Entering a value for number of visits will allow you to print this information on the referral sheet that is sent to the outside provider. You will also be able to print reports on patients who exceed or have fewer than the number of visits authorized.

By entering an expected end date of service, you will be able to print a report of patients whose visits with an outside provider are presumed completed (even if you

do not have an actual ending date of service) but for whom you have not yet received a consultation or discharge letter.

```
EXPECTED END DATE OF SERVICE: DEC 30, 1996
ESTIMATED # OF OUTPATIENT VISITS: 4
```

If you do not know the actual appointment or admission date, you will be prompted with pop-up screens to provide estimated information and enter notes to the person who will be scheduling the appointment or admission. As described above, the information requested will vary depending on whether the referral is for an inpatient or outpatient visit. The estimated appointment/admission date should be entered if you will be extracting data from the system for a group of referrals that includes appointments/admissions that are not yet scheduled but for which you know the approximate date the service will be provided. If you do not enter an estimated date, referrals that are not yet scheduled may be unintentionally omitted from your reports. The pop-up screens are described and shown below with sample user entries.

Inpatient

For inpatient visits, you will be prompted to enter the expected admission date and the estimated length of stay. You will also be able to note how soon the admission should be scheduled (any number between 0 and 365) and add notes (2-100 characters) for the person who will be scheduling the admission.

```
EXPECTED ADMISSION DATE: JUL 1, 1996
ESTIMATED LENGTH OF STAY: 3
Schedule within N # Days: 2
Notes to the Appointment Scheduler: SCHEDULE A.M. ADMISSION
```

Outpatient

For outpatient visits, you will be asked to enter the expected begin date of service, expected end date of service, and expected number of outpatient visits. You may also indicate the time frame for scheduling the visit (any number 0-365) and add notes (2-100 characters) for the person who will be scheduling the appointment. The expected number of outpatient visits defaults to 1.

```
EXPECTED BEGIN DATE OF SERVICE: JUL 15, 1996
EXPECTED END DATE OF SERVICE: SEP 15, 1996
EXPECTED # OF OUTPATIENT VISITS: 5
Schedule within N # Days: 7
Notes to Scheduler/Appointment Clerk: MAKE AFTERNOON APPT.
```

Provisional DRG. If the Provisional diagnostic related group (DRG) is known, enter it in this field. Otherwise, press RETURN to bypass this optional field.

Estimated Total Referral Cost. Enter in this field an estimate of the total cost of this referral for all payors. Prior to the development of the RCIS, even estimates for CHS costs were not available until all purchase orders were paid and the information was sent back from the FI–often a year or more after the services were provided. Also, referred care costs that were not funded by IHS (Type = Other) or other IHS facilities (Type = IHS) were not available. These figures can be very important for measuring how effectively alternative resources are employed and for negotiating contracts. By entering this information, these figures will be available in a more timely fashion.

Estimated IHS Referral Cost. Enter the estimated cost to IHS for the referred care. Be sure that you are entering only the portion of the total cost for which IHS is responsible.

Purpose/Services Requested. Enter a narrative (1-80 characters) that describes the purpose of this referral. Similar to the purpose of visit on the PCC, this entry should be a concise statement that can be used for reference wherever a brief statement of purpose is needed; for example, on the PCC Health Summary. Some sample purposes of referral are:

- Evaluation and treatment of dysfunctional uterine bleeding.
- Perform colposcopy to evaluate abnormal pap.
- Provide active-assistive range-of-motion treatments to left shoulder.

Pertinent Medical History and Findings. This is a word-processing field in which you can enter a long narrative that describes any pertinent medical history and findings; for example, lab values, examination results, and other tests performed. The RCIS will print this information on the referral letter that can be sent to the outside provider. Press RETURN at the prompt to bring up the word-processing field for entering your comments. See the appendix for tips on using the word-processing field.

Priority. Enter the appropriate Medical Priority from the list provided on the help screen. (Remember, to view the help screen you must enter a question mark followed by the RETURN key.) The system is distributed with the IHS standard priority list, described below.

- Level I–Emergent/Acutely Urgent Care Services. Diagnostic/therapeutic services that are necessary to prevent the immediate death/serious impairment of the health of the individual, and if left untreated, would result in uncertain but potentially grave outcomes.
- Level II–Preventive Care Services. Primary health care that is aimed at the prevention of disease/disability such as non-urgent preventive ambulatory care, screening for known disease entities, and public health intervention.
- Level III–Primary and Secondary Care Services. Inpatient and outpatient care services that involve the treatment of prevalent illnesses/conditions that have a significant impact on morbidity and mortality.
- Level IV–Chronic Tertiary and Extended Care Services. Inpatient and outpatient care services that (1) are not essential for initial/emergent diagnosis/therapy, (2) have less impact on mortality than morbidity, or (3) are high cost, elective, and often require tertiary care facilities.
- Level V–Excluded Services. Services and procedures that are considered purely cosmetic in nature, experimental or investigational, or have no proven medical benefit.

Alternatively, your site can substitute its own site-specific narrative description for the above standards by using the RCIS Management option for editing the site parameters (see page 60 for instructions).

Note that the Priority Code may be a required field depending on the site parameter specifications for your facility and the type of referral you are entering. If required, the Priority prompt will not be underlined as are other required fields. When the priority is required and has not been entered, upon exiting the screen an alert message will display prompting you to return to the data entry screen for entry.

Are you sending additional medical information with the patient? This field allows you to indicate to the referral facility and provider whether you are sending additional medical information relevant to the patient's care. For example, you may be sending the patient's most recent lab results, x-rays, or a more complete record of the patient's condition. This indication will be noted on the referral sheet printed by the system. At the prompt, type a "Y for yes or "N" for no.

If you respond "Yes" to this prompt, the following pop-up screen appears for you to specify the specific items that you are sending with the patient.

```
INCLUDE WHICH OF THE FOLLOWING ITEMS?
   PCC VISIT FORM:                MOST RECENT EKG:
   SPECIALTY CLINIC NOTES:        HISTORY AND PHYSICAL:
   PRENATAL RECORD(S):            X-RAY / REPORT:
   SIGNED TUBAL CONSENT:            X-RAY FILM:
   FACE SHEET:                    CONSULTATION REPORT:
   HEALTH SUMMARY:                MOST RECENT LAB REPORT:

   ADDITIONAL DOCUMENTS:
```

At each of the prompts, enter a "Y" for yes or "N" for no. Alternatively, you can bypass the fields that are not applicable. The Additional Documents field is a word-processing function that lets you add notes to specify the specific documents being sent with the patient. Press RETURN at the Additional Documents prompt to use the word-processing screen.

Business Office/CHS Comments. You can use this field to enter any pertinent notes for the Business Office or CHS staff. Press RETURN at the prompt to display the word-processing field for entering your comments.

ICD Diagnostic Category. Choose the most appropriate diagnostic category from the list that follows. You may also view the list on your screen by typing a question mark and pressing RETURN at this prompt. Data must be entered into this field. If you are not entering full ICD-9 codes for all referrals, the Diagnostic Category will be the only mechanism available for grouping referrals into these simple diagnostic categories for reports.

ICD Diagnostic Categories

- Cardiovascular Disorders
- Cerebrovascular Disorders
- Congenital Anomalies
- Dental And Oral Surgical Disorders
- Dermatologic Disorders
- Endocrine, Nutritional, and Metabolic Diseases and Immune Disorders
- Female Breast and Genital Tract Disorders
- Gastrointestinal Disorders
- Hematological Disorders
- Infectious and Parasitic Diseases
- Injuries and Poisonings
- Male Genital Organ Disorders
- Mental Disorders
- Musculoskeletal and Connective Tissue Disorders
- Neoplasms
- Nephrological and Urological Disorders
- Neurological Disorders
- Obstetrical Care
- Other Symptoms, Signs, And Ill-Defined Conditions
- Ophthalmologic Disorders
- Other Perinatal Conditions
- Other Vascular Disorders
- Otolaryngologic Disorders
- Preventive Health Care
- Respiratory Disorders

CPT Procedure Category. Choose the most appropriate service category from the list below. To view this list on the screen, type a question mark and press RETURN. If your site is not entering full CPT codes for all referrals, the Procedure Category will be the only mechanism available for grouping referrals into these simple procedure categories for reports.

- Diagnostic Imaging
- Evaluation and/or Management
- Nonsurgical Procedures
- Operations/Surgery
- Pathology and Laboratory

You may also create a list of local service categories at your site by using the Add/Edit Local Category option in the RCIS Management module (see page 60 for details). Upon pressing RETURN at the CPT Procedure Category prompt, a pop-up screen appears that allows you to enter these local service categories. Note that these categories must be defined before you can enter them in a referral record. Some examples of local categories that you might include are air transport or ambulance.

```
Enter all appropriate LOCAL SERVICE CATEGORIES
CATEGORY:
CATEGORY:
CATEGORY:
CATEGORY:
CATEGORY:
```

Completing the Referral Form

After you have finished entering data on the Complete Referral form, press <PF1>E to exit and then type "Y" at the next prompt to save and file the data. If you have not entered data into all of the required fields, a warning message will appear that identifies which of the required fields are missing data, as shown below. Press RETURN at the next prompt to return to the data entry screen and enter the missing data.

```
Verifying ...
THE DATA COULD NOT BE FILED.
Page 1, CPT PROCEDURE CATEGORY is a required field
Page 1.2, TO PRIMARY VENDOR is a required field
```

When all of the required fields have been completed, the following screen appears.

```
    Referral #: 0001019500455
    Referral Date: JUN 10, 1996        Patient Name: THATCHER,BECKY
```

Optional ICD/CPT Coding

If the ICD/CPT Coding option in the RCIS site parameters has been set to Yes, you will be prompted to enter a provisional diagnosis and a provisional procedure. (See page 56 for instructions on setting this parameter.) These data fields, if used at your facility, are optional.

Note: The procedures must be entered in all capital letters. If not, two question marks will display and you will hear a beep. There will be no other indication that your entry was not accepted.

If you are entering diagnoses and procedures for referrals, several screen alert messages have been built in to the system that will alert you during data entry to the following categories. The alert messages are based upon taxonomies that have been created for each category of alert. The criteria for generating these alerts and the warning messages that appear for each are described below. The screen alerts will appear for all referral types except in-house referrals. MailMan bulletins are also available for the following categories. See page 58 for instructions on using them.

Cosmetic. This warning appears when a cosmetic procedure is entered.

```
You are entering a cosmetic procedure that may require CMO
approval.
```

Experimental. The Experimental Procedure warning displays when a procedure that is considered experimental is entered.

```
You are entering a procedure that indicates this may be an
Experimental Procedure. If so, CHS funds cannot be used to pay for
this procedure.
```

High Cost. When a procedure or diagnosis is entered that has the potential for high costs, an alert message appears.

```
You are entering a procedure/diagnosis that indicates this may be
a high cost case. You may want to carefully explore alternative
resources and alert your case manager.
```

Third-Party Liability. A diagnosis that indicates a third party may be liable for the cost of care will trigger the following alert message.

```
You are entering a diagnosis that indicates this may involve
third-party liability. You may want to investigate this
possibility in order to recover costs.
```

To enter a provisional diagnosis and/or procedure, enter the data requested at the prompts, as in the following sample. User entries and instructions are in bold type.

If you do not know or are unsure of the specific code for the provisional diagnosis or procedure, you have the option of using an uncoded entry (.9999 for the diagnostic code or 00099 for the procedure code). You must enter a specific diagnosis or procedure narrative with the uncoded entry so that a coder can enter the appropriate code for the referral record at a later time. (See the instructions on page 48 for details on adding codes to uncoded referral records.)

```
Do you want to enter a Provisional Diagnosis? N//  Y
Select RCIS DIAGNOSIS: 578.9  578.9        GASTROINTESTINAL BLEEDING
         ...OK? Yes//  [RETURN TO ACCEPT DEFAULT] (Yes)
  DIAGNOSIS: 578.9//   [RETURN TO ACCEPT DEFAULT]
  PRI/SEC: P  PRIMARY
  DIAGNOSIS NARRATIVE: GASTROINTESTINAL BLEEDING
Select RCIS DIAGNOSIS: [RETURN TO BYPASS AND CONTINUE OR ENTER ANOTHER
                        DIAGNOSIS]

Do you want to enter a Provisional Procedure? N// Y
Select RCIS PROCEDURE: 43259          ENDOSCOPIC ULTRASOUND EXAM
         ...OK? Yes//  [RETURN TO ACCEPT DEFAULT] (Yes)
  PROCEDURE: 43259//   [RETURN TO ACCEPT DEFAULT]
  PRI/SEC: P PRIMARY
  PROCEDURE NARRATIVE: GASTROINTESTINAL ENDOSCOPY
Select RCIS PROCEDURE: [RETURN TO BYPASS AND CONTINUE OR ENTER ANOTHER
                        PROCEDURE]

Entry of Referral 0001019500455 is complete.
```

When the referral is complete, an indicating message will appear, as shown in the above example.

Using the Mini Referral Form

The Mini Referral form is a shortened version of the Complete Referral form. This referral type is most often used for data entry when providers are entering referral information directly into the system upon initiation. The Mini Referral form facilitates the initiation of patient referrals by minimizing the amount of data entry required in order to generate a referral form for sending a patient to another provider. Additional referral data may be entered at a later date by data entry, business office, or CHS staff when it becomes available.

To use the Mini Referral form, you will follow the same process for selecting a patient and entering the date that was described in the previous section (Adding a New Referral). You will then be presented with a list of referral types. Select number 1 to enter data into the Mini Referral form.

The fields that are contained in the Mini Referral form are the same as some that appear in the Complete Referral form. For descriptions of these fields and detailed instructions on entering data into each, refer to the previous section.

A sample Mini Referral form is shown below. As with the Complete Referral form, data fields that are underlined are required items and must be completed for the referral to be entered into the system.

```
                          RCIS REFERRAL RECORD
DATE: JUN 17,1996  NUMBER: 0001019500479  PATIENT: JOHNSON,BERT
------------------------------------------------------------------------------
REQUESTING FACILITY:
REQUESTING PROVIDER:
Do you wish to view a FACE SHEET?        View Health Summary?
REFERRAL TYPE:                           INPATIENT/OUTPATIENT:
PRIMARY PAYOR:
PURPOSE OF REFERRAL:
PERTINENT MED HX & FINDINGS:
Are you sending additional medical information with the Patient?

PRIORITY:
ICD DIAGNOSTIC CATEGORY:
CPT PROCEDURE CATEGORY:

Notes to Appointment Scheduler:
Schedule within     Days:
_____________________________________________________________________________

                  [Patient information and help screens display here.]
```

After you have entered data on the first screen of the Mini Referral form, you will be prompted to enter a provisional diagnosis and a provisional procedure if the ICD/CPT Coding option in the RCIS site parameters has been set to Yes. Descriptions of these optional fields and instructions for entering them are included in the previous section.

Entering a Referral Initiated by an Outside Facility

The data entry form for a referral initiated by an outside facility (option 3 on the referral form selection list) is used when a patient has received services at an outside facility without prior authorization from your facility; for instance, if a patient was involved in a weekend accident and required emergency medical care at the nearest hospital, which was not an IHS facility. Such visits must be reported within 72 hours of the visit. In order for IHS to cover the cost of those services, a referral record must be generated for the patient. In cases such as these, the Outside Facility referral form would be used for entering the referral data.

The Outside Facility referral form, shown below, is exactly the same as the Complete Referral form. The only difference with using this form is that after you have selected the Outside Facility referral form from the selection list, you will **not** be prompted to enter the name of the requesting provider. In the case of a referral initiated by an outside facility, the patient has already received services at another facility, so there is no requesting provider.

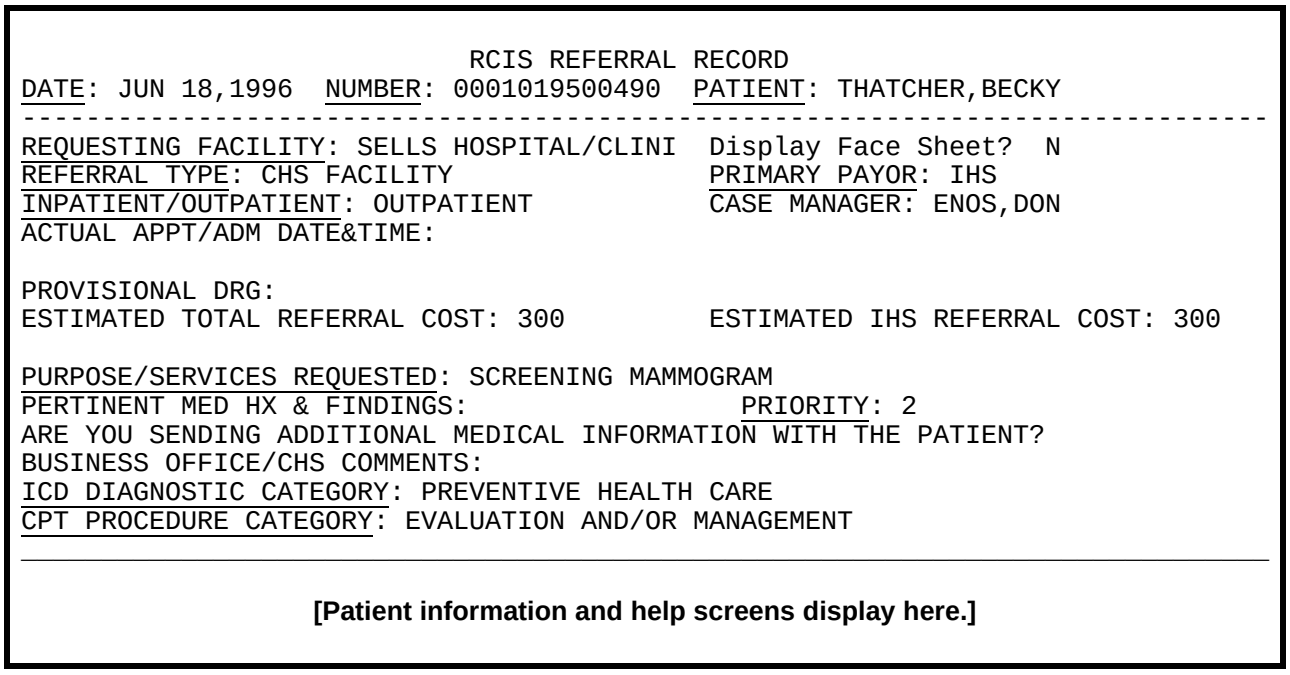
```
                              RCIS REFERRAL RECORD
DATE: JUN 17,1996  NUMBER: 0001019500480  PATIENT: BEGAY,JOHN
--------------------------------------------------------------------------------
REQUESTING FACILITY:                          Display Face Sheet?
REFERRAL TYPE:                                PRIMARY PAYOR:
INPATIENT/OUTPATIENT:                         CASE MANAGER:
ACTUAL APPT/ADM DATE&TIME:

PROVISIONAL DRG:
ESTIMATED TOTAL REFERRAL COST:                ESTIMATED IHS REFERRAL COST:

PURPOSE/SERVICES REQUESTED:
PERTINENT MED HX & FINDINGS:                    PRIORITY:
ARE YOU SENDING ADDITIONAL MEDICAL INFORMATION WITH THE PATIENT?
BUSINESS OFFICE/CHS COMMENTS:
ICD DIAGNOSTIC CATEGORY:
CPT PROCEDURE CATEGORY:
________________________________________________________________________________

                [Patient information and help screens display here.]
```

For descriptions of the data fields in this form and detailed instructions on entering data, refer to the "Using the Complete Referral Form" section of this guide.

Using Locally Defined Referral Templates

Locally Defined Referral templates are those that have been created at your facility for the types of referrals that are most often initiated. These referral templates minimize the amount of data entry required since much of the data to be entered is already included as default values on the data entry screen. For instance, if you refer all routine mammograms to one outside facility, you would probably use a custom template for generating those referrals.

The following is a sample of a locally defined referral template that is used for routine mammograms. Note that most of the data has already been included and need not be re-typed by the user each time this referral type is generated. The patient's name and date were entered at the beginning of the data entry process and then the Routine Mammogram referral form was selected. All of the required fields are already completed. Only the appointment date and time need to be entered in order to complete the referral. If needed, additional information may be added or changes may be made to the data present on this referral screen.



Modifying An Active Referral

While a referral remains active, the information in a referral record may require updating or additional data may need to be added. For instance, the Case Manager or Utilization Review Nurse may want to enter case review comments or discharge notes, the Business Office staff may need to update the patient's third-party eligibility information, or a data entry clerk may need to record the date on which a discharge letter was received from the referred provider.

Note that closed referrals and referrals created in previous fiscal years may not be modified with this menu option. In order to modify information for a closed referral or a referral created in a previous fiscal year, you must use the corresponding options on the Supervisor's Utility menu, which can be accessed from the Data Entry menu. The appropriate security key is required to use the supervisor's utilities. Please see your Site Manager for assistance. Instructions for using these utilities are included on page 45.

The Modify Referral option on the RCIS Data Entry menu allows you to modify the active referral record or add information to it. To do so, select the Modify option and identify the referral at the first prompt. You can enter the referral number, the patient's name, or the date on which the referral was initiated.

You will then be presented with the following list of options for entering or modifying data.

0 Quit
1 Mini Mod
2 All Data
3 Date/Counts
4 Costs
5 ICD9 Diagnoses
6 CPT Procedures
7 Case Review Comments
8 Purpose of Referral/Med Hx/Other Diagnostic Info
9 Business Office Notes
10 Discharge Notes
11 Additional Documentation

These options simplify the data entry task by prompting you for only the fields that are of interest to you instead of every item in the referral record. For instance, if you will be entering only the referred care cost figures, you would select option 4, or if you were only interested in modifying the Business Office notes, you would select option 9. Each of these data entry options is described in detail below.

Quit

To return to the Data Entry menu at any time, choose 0 to quit. Each time you enter data using one of these 10 selections under the Modify Referral option, you will be returned to the selection list. When you have finished entering or modifying data in the selected referral record and want to choose another referral record for modification or to return to the Data Entry menu, choose Quit. The Quit option will always be the default value for the selection prompt.

Mini Mod

The Mini Mod option displays the Mini Referral form used for data entry. All information entered for the referral to date is displayed on the screen. Previously made entries may be changed and new data may be added, as applicable. Refer to the Adding a New Referral section of this manual for instructions on using the data entry screen and the data to be entered into each field.

All Data

The option to modify all data will allow you to enter or modify data for each item of the RCIS. The following screen appears upon selection of the All Data option. Data that has been previously entered for the referral displays. This screen works the same way as the Data Entry screens. For more detailed instructions, see the “Using the Complete Referral Form” section of this manual.

```
                          RCIS REFERRAL RECORD
DATE: JUN 6,1996  NUMBER: 0001019500480  PATIENT: THATCHER,BECKY
------------------------------------------------------------------------------
REQUESTING FACILITY: SELLS HOSPITAL/CLINI        CASE MANAGER: ENOS,DON
REQUESTING PROVIDER:                          INPT OR OUTPT: OUTPATIENT
Do you wish to view a FACE SHEET?  N
REFERRAL TYPE: CHS FACILITY                   PRIMARY PAYOR: IHS
Provider OR Facility Referred To: TUCSON MEDICAL CENTER
Do you want to change the above Referral Provider/Facility? N

         PURPOSE OF REFERRAL: TONSILLECTOMY
                    PRIORITY: 2
       ACTUAL APPT/BEGIN DOS: AUG 1,1996

       *** Hit return at any of the following to edit the data items***
        SERVICE DATES/COUNTS:                        COST DATA:
DIAGNOSTIC/PROCEDURAL/MED HX:              STATUS INFORMATION:
```

At the bottom of the screen are four categories of data items:

- Service Dates/Counts
- Cost Data
- Diagnostic/Procedural/Med HX
- Status Information

Data can be entered or changed for these items by pressing RETURN at each of the prompts. A pop-up screen will then display for entering and modifying data. Each of the pop-up screens are shown below.

More detailed information about each of these pop-up screens is provided in this section under the corresponding headings. Also, descriptions and data entry instructions for many of these items are provided in the “Using the Complete Referral Form” section.

Service Dates/Counts

```
           EXPECTED BEGIN DOS:  AUGUST 1, 1996
             ACTUAL BEGIN DOS:
             EXPECTED END DOS:  AUGUST 1, 1996
               ACTUAL END DOS:
  OUTPATIENT NUMBER OF VISITS:  1
             NEXT REVIEW DATE:
           NOTES TO SCHEDULER:
```

Cost Data

```
            ESTIMATED COST:  6000
               ACTUAL COST:
          ESTIMATED IHS COST:  6000
             ACTUAL IHS COST:
```

Diagnostic/Procedural/Med Hx

```
                        RCIS REFERRAL RECORD
DATE: JUN 4,1996   NUMBER: 0001019500480  PATIENT: THATCHER,BECKY
 ---------------------------------------------------------------
               PROVISIONAL DRG:
                     FINAL DRG:
 DATE DSCH SUMM/CONS LTR RCVD:

          PURPOSE OF REFERRAL: TONSILLECTOMY
  PERTINENT MED HX & FINDINGS: [Press RETURN to edit]
 WAS ADDITIONAL MEDICAL INFORMATION SENT WITH THE PATIENT? N
               DISCHARGE NOTES: [Press RETURN to edit]
         BUSINESS OFFICE NOTES: [Press RETURN to edit]
       ICD DIAGNOSTIC CATEGORY: GASTROINTESTINAL DISORDERS
        CPT PROCEDURE CATEGORY: OPERATIONS/SURGERY

       EDIT EXISTING DIAGNOSES: [Press RETURN to edit]
      EDIT EXISTING PROCEDURES: [Press RETURN to edit]
```

Status Information

```
     STATUS OF REFERRAL: ACTIVE
   REASON NOT COMPLETED:
             DATE CLOSED:
```

Date/Counts

While the referral remains active, you may need to revise the expected dates of service. If the services have been provided, you will want to enter the actual visit dates, number of visits, and length of stay, as applicable. Note that if the referral is a CHS type and the CHS link is active, the beginning and ending service dates and length of stay will be automatically entered into the RCIS via the CHS link. You will need to enter the final dates and counts for all other referral types.

The Service Date/Counts option displays two different screens, depending on whether the patient referral is for an outpatient visit or an inpatient visit. Each screen allows you to enter estimated and actual dates for the visit type. The two screens are shown on the following page.

Outpatient

```
                            RCIS REFERRAL RECORD
DATE: JUN 4,1996   NUMBER: 0001019500480  PATIENT: THATCHER,BECKY
------------------------------------------------------------------------------


  Expected Begin Date of Service: AUG 1,1996
    Actual Begin Date of Service:

    Expected End Date of Service: AUG 1,1996
      Actual End Date of Service:

           Outpatient # of Visits: 1

                Next Review Date:
```

Inpatient

```
                            RCIS REFERRAL RECORD
DATE: FEB 12,1996   NUMBER: 0001019500138  PATIENT: THATCHER,BECKY
------------------------------------------------------------------------------

       Expected Admission Date: FEB 20,1996
         Actual Admission Date: FEB 16,1996@14:00

       Inpatient Estimated LOS: 4
          Inpatient Actual LOS: 5

       Expected Discharge Date: FEB 24,1996
         Actual Discharge Date: FEB 21,1996

             Next Review Date:
```

Costs

Actual costs may be entered and estimated costs may be added or modified using this option. If the referral is a CHS type and the CHS link is active, actual cost information will be automatically provided by the CHS. For all other referral types, you must enter actual cost data manually. Entering the actual cost data will provide more accurate and timely information.

In the Actual Cost field, enter the total cost of the referred care for all payors. In the Actual IHS cost field, enter the portion of the total cost for which IHS is responsible.

```
                              RCIS REFERRAL RECORD
DATE: JUN 6,1996   NUMBER: 0001019500480  PATIENT: THATCHER,BECKY
------------------------------------------------------------------------------

               ********  ACTUAL TOTAL COST INFORMATION  ********

                    Estimated Cost: 6,000
                       Actual Cost:

                    ********  IHS COST INFORMATION  ********

                  Estimated IHS Cost: 6,000
                     Actual IHS Cost:
```

ICD-9 Diagnoses

If you are entering ICD-9 Diagnoses at your facility, you may use this option to add, change, or delete the diagnoses that have been entered on a referral record.

The following example shows the addition of hypertension as a patient's primary diagnosis for this referral. As shown in the example, if no diagnoses have been entered for the patient, you have the choice of adding a new diagnosis or quitting. Once one or more diagnoses have been added, you are presented with four options:

- Edit an Existing Diagnosis
- Add a New Diagnosis
- Delete an Existing Diagnosis
- Quit

When adding a new diagnosis, you will be prompted for the diagnosis type (provisional or final), whether it is primary or secondary, and for a narrative. Note that you can enter only one primary diagnosis in a referral record.

If you do not know the correct ICD-9 diagnosis code, you can enter .9999 (uncoded) and include a detailed diagnosis narrative. Later, a coder can enter the appropriate code into the referral record based on the narrative that was entered. (For instructions on using the option to update uncoded diagnoses in referral records, see page 48.)

```
You may edit one of the existing Diagnoses or add a new one

  No entries to edit

     Select one of the following:

          A         ADD a new Diagnoses
          Q         QUIT

Do you wish to: A// ADD a new Diagnoses

Adding a NEW Diagnoses...

Select RCIS DIAGNOSIS: HTN
401.9 (HYPERTENSION NOS)
UNSPECIFIED ESSENTIAL HYPERTENSION

 OK? Y// [Press RETURN to accept default or enter N to return to previous prompt.]

  DIAGNOSIS: 401.9//
  TYPE: PROVISIONAL
  PRI/SEC: P  PRIMARY
  DIAGNOSIS NARRATIVE: [Enter a narrative or press RETURN to bypass.]

You may edit one of the existing Diagnoses or add a new one

  1) 401.9  HYPERTENSION NOS      (Provisional)

     Select one of the following:

          E         EDIT one of the above Diagnoses
          A         ADD a new Diagnoses
          D         DELETE one of the above Diagnoses
          Q         QUIT

Do you wish to: Q// Q
```

To edit a diagnosis, type E to select the Edit option. Then choose the diagnosis to edit by entering the diagnosis line number shown on the screen. You will then be prompted for each of the data items (diagnosis, type, primary/secondary, narrative). The default values for the prompts will be the data that has already been entered. Press RETURN at each field that should remain unchanged and enter the new data for each field that needs to be changed.

If you want to delete a diagnosis, type D to select the Delete option. Select the diagnosis to delete by entering the line number shown on the screen. You will then see the following prompt: “Are you sure you want to delete this Diagnoses?” Enter “Yes” to delete the diagnosis selected or “No” to return to the previous selection menu.

CPT Procedures

If you are entering CPT Procedures at your facility, you may use this option to add, change, or delete the procedures that have been entered on a referral record.

The process for adding the CPT procedures is the same as adding the ICD-9 diagnoses (see previous section). A sample of adding a new procedure is shown below.

```
You may edit one of the existing Procedures or add a new one

  No entries to edit

     Select one of the following:

          A         ADD a new Procedures
          Q         QUIT

Do you wish to: A// ADD a new Procedures

Adding a NEW Procedures...

Select RCIS PROCEDURE: 33322          REPAIR MAJOR BLOOD VESSEL(S)
         ...OK? Yes//  [Press RETURN to accept default or enter N to return to
                        previous prompt.]
  PROCEDURE: 33322// [Press RETURN to accept default.]
  TYPE: P  PROVISIONAL
  PRI/SEC: P  PRIMARY
  PROCEDURE NARRATIVE: [Enter a narrative or press RETURN to bypass.]

You may edit one of the existing Procedures or add a new one

  1) 33322  REPAIR MAJOR BLOOD VESSEL(S)              (Provisional)

     Select one of the following:

          E         EDIT one of the above Procedures
          A         ADD a new Procedures
          D         DELETE one of the above Procedures
          Q         QUIT

Do you wish to: Q// Q
```

The procedure for editing and deleting a procedure are the same as for editing a deleting a diagnosis (see previous section).

Case Review Comments

This option allows you to add, edit, or delete the case review comments on a patient's referral record. A date for each separate comment must be entered. When prompted, enter the date on which the comment was written. Note that the default value for the date field is the current date. If comments are entered into

the system on a date other than when they were recorded, be sure to enter the date on which they were recorded, not the current date. The following sample shows the addition of a new case review comment. When finished, you are prompted to enter a date for the next case review, as applicable.

```
You may edit one of the existing Case Review Comments or add a new one

  1) JAN 30, 1996
        PATIENT HAD SURGERY YESTERDAY AND IS DOING WELL. SHOULD
        RETURN FOR FOLLOW-UP IN 6 MONTHS.


     Select one of the following:

          E         EDIT one of the above Case Review Comments
          A         ADD a new Case Review Comments
          D         DELETE one of the above Case Review Comments
          Q         QUIT

Do you wish to: E// ADD a new Case Review Comments

Adding a NEW Case Review Comments...

Select RCIS CASE REVIEW COMMENTS DATE: JUN 12,1996
  DATE: JUN 12,1996// [Press ENTER to accept default or type in new date.]
  COMMENTS:
  1> PATIENT FOLLOW-UP SATISFACTORY. NO FURTHER VISITS REQUIRED.
  2>
EDIT Option: [Press RETURN to bypass if comments are complete.]

You may edit one of the existing Case Review Comments or add a new one

  1) JAN 30, 1996
        PATIENT HAD SURGERY YESTERDAY AND IS DOING WELL. SHOULD
        RETURN FOR FOLLOW-UP VISIT IN 6 MONTHS.

  2) JUN 12, 1996
        PATIENT FOLLOW-UP SATISFACTORY. NO FURTHER VISITS REQUIRED.

     Select one of the following:

          E         EDIT one of the above Case Review Comments
          A         ADD a new Case Review Comments
          D         DELETE one of the above Case Review Comments
          Q         QUIT

Do you wish to: Q// Q

NEXT REVIEW DATE: <RETURN>
```

Purpose of Referral/Med Hx/Other Diagnostic Info

Selecting this option allows you to modify diagnostic information on the referral record. The following screen displays for entering data. You can change, add, or delete data on this screen in the same way that you entered data using the other data entry screens.

```
                              RCIS REFERRAL RECORD
DATE: JUN 6,1996   NUMBER: 0001019500480  PATIENT: THATCHER,BECKY
------------------------------------------------------------------------------
             PROVISIONAL DRG:
                   FINAL DRG:
DATE DSCH SUMM/CONS LTR RCVD:

         PURPOSE OF REFERRAL: SURGERY
   PERTINENT MED HX & FINDINGS: [Press RETURN to edit]
WAS ADDITIONAL MEDICAL INFORMATION SENT WITH THE PATIENT? N
             DISCHARGE NOTES: [Press RETURN to edit]
       BUSINESS OFFICE NOTES: [Press RETURN to edit]
     ICD DIAGNOSTIC CATEGORY: GASTROINTESTINAL DISORDERS
      CPT PROCEDURE CATEGORY: OPERATIONS/SURGERY

     EDIT EXISTING DIAGNOSES: [Press RETURN to edit]
    EDIT EXISTING PROCEDURES: [Press RETURN to edit]
```

This data modification screen also allows you to edit existing diagnoses and procedures. By pressing RETURN at either of these prompts, an additional screen displays that contains all of the diagnoses or procedures that have been entered for the referral record. To modify the diagnoses and procedures, review the following screens and instructions.

Diagnoses

To modify a diagnosis, press RETURN at the diagnostic code that you want to modify. A pop-up screen that contains the information for the diagnosis displays. The data in this screen may be modified or deleted. Note that you cannot add a diagnosis with this option, you must use option 5, ICD-9 Diagnosis.

```
                              RCIS REFERRAL RECORD
DATE: JUN 6,1996   NUMBER: 0001019500480  PATIENT: THATCHER,BECKY
------------------------------------------------------------------------------
DX: 543.9    NARR: ACUTE APPENDICITIS  TYPE: PROVISIONAL  PRI/SEC: PRIMARY
DX: 567.9    NARR: PERITONITIS         TYPE: FINAL        PRI/SEC: SECONDARY
DX:          NARR:                     TYPE:              PRI/SEC:
DX:          NARR:                     TYPE:              PRI/SEC:
DX:          NARR:                     TYPE:              PRI/SEC:
DX:          NARR:                     TYPE:              PRI/SEC:
DX:          NARR:                     TYPE:              PRI/SEC:
DX:          NARR:                     TYPE:              PRI/SEC:
DX:          NARR:                     TYPE:              PRI/SEC:
```

Diagnoses Pop-Up Screen

```
           DIAGNOSIS: 567.9
                TYPE: FINAL
  PRIMARY/SECONDARY: SECONDARY
DIAGNOSIS NARRATIVE: PERITONITIS
```

Procedures

To modify a procedure, press RETURN at the procedure code that you want to modify. A pop-up screen that contains the information for the procedure displays. The data in this screen may be modified or deleted. Note that you cannot add a procedure with this option, you must use option 6, CPT Procedures.

```
                              RCIS REFERRAL RECORD
DATE: JUN 6,1996   NUMBER: 0001019500480  PATIENT: THATCHER,BECKY
------------------------------------------------------------------------------
PRC: 56315     NARR: APPENDECTOMY   TYPE: PROVISIONAL  PRI/SEC: PRIMARY
PRC:           NARR:                TYPE:              PRI/SEC:
PRC:           NARR:                TYPE:              PRI/SEC:
PRC:           NARR:                TYPE:              PRI/SEC:
PRC:           NARR:                TYPE:              PRI/SEC:
PRC:           NARR:                TYPE:              PRI/SEC:
PRC:           NARR:                TYPE:              PRI/SEC:
PRC:           NARR:                TYPE:              PRI/SEC:
PRC:           NARR:                TYPE:              PRI/SEC:
PRC:           NARR:                TYPE:              PRI/SEC:
PRC:           NARR:                TYPE:              PRI/SEC:
```

Procedures Pop-Up Screen

```
           PROCEDURE: 56315
                TYPE: PROVISIONAL
  PRIMARY/SECONDARY: PRIMARY
PROCEDURE NARRATIVE: APPENDECTOMY
```

Business Office Notes

You can use this option to edit data in fields that pertain to the Business Office. As illustrated in the following sample, you will be prompted for the Managed Care Committee action, the date the action was determined, and comments pertaining to the referral record. You will be prompted to enter the Managed Care Committee action and date only if your facility has opted to enter this information.

```
REFERRED CARE COMMITTEE ACTION: PENDING

DATE MCC ACTION RECORDED: JUN 18,1996// [Press RETURN to accept default.]

COMMENTS-Enter PF1 & E to Exit:
  1> REFERRAL PENDING REVIEW BY MCC. COMMITTEE TO MEET 6/30/96.
```

Discharge Notes

This option allows you to enter, edit, or delete any discharge notes on the referral record. Selecting this option displays a word-processing field for entering notes. Use the standard word-processing options to add, enter, or delete comments. See the appendix for a list of commands.

```
DISCHARGE NOTES:
  1> PATIENT HAD SURGERY 6/18/96 AND WAS RELEASED IN GOOD HEALTH 6/20/96.
  2> PATIENT TO SCHEDULE FOLLOW-UP VISIT WITHIN 2 WEEKS.

EDIT Option:
```

Additional Documentation

The Additional Documentation option can be used to add, modify, or delete the specific items that are sent with the patient's referral record. If you are sending additional items, be sure that you have entered "YES" at the "Was Additional Medical Information Sent with the Patient?" prompt. This prompt can be accessed with modify options 1, 2, and 8.

```
                          RCIS REFERRAL RECORD
DATE: JUN 6,1996   NUMBER: 0001019500480  PATIENT: THATCHER,BECKY
------------------------------------------------------------------------------

INCLUDE WHICH OF THE FOLLOWING ITEMS?

   PCC VISIT FORM:                MOST RECENT EKG:
   SPECIALTY CLINIC NOTES:        HISTORY AND PHYSICAL:
   PRENATAL RECORD(S):            X-RAY / REPORT:
   SIGNED TUBAL CONSENT:            X-RAY FILM:
   FACE SHEET:                    CONSULTATION REPORT:
   HEALTH SUMMARY:                MOST RECENT LAB REPORT:

   ADDITIONAL DOCUMENTS:
```

Modifying a Closed Referral or a Referral from a Previous Fiscal Year

Once a referral has been closed, you will not be able to make changes to the referral record using the Modify Referral option. Instead, you must use the Modify a Closed Referral option on the Supervisor's Utility menu. Referrals from fiscal years other than the current also cannot be modified with the MOD option. Instead, the MR option on the Supervisors Utilities menu must be used. Accessing the Supervisors Utilities menu requires a security key. Please contact your Site Manager for assistance if you do not have access to it. For details about the Supervisors Utilities, please refer to the corresponding section beginning on page 45.

Closing Out a Referral

Ultimately, all referrals will be closed, either automatically or manually. The only referrals that will be closed automatically are CHS referrals, provided that the link with the CHS is enabled. When all purchase orders in the CHS system referencing a CHS referral have been paid, the referral will be automatically closed. If your site is not using the link with the CHS, you must close CHS referrals manually using the Closing Out a Referral menu option.

Referral types other than CHS must be closed manually after the referred care services have been provided. You may also need to manually close referrals of all types if they are deemed canceled or it is determined that all information that will be obtained has already been entered into the system.

The Close Out a Referral option (CLO) on the RCIS Data Entry Menu is used to manually close referrals from the RCIS that were created during the current fiscal year. For all referrals originating in another fiscal year, a separate option on the Supervisor's Utilities menu must be used. To close a referral, you will add the final data to the referral record, including:

- Diagnoses
- Procedures
- Costs
- Appointment/Admission Dates
- Length of Stay/Number of Visits
- Comments
- Status

Once a referral is closed, modifications may be made to the referral record only with the Modify a Closed Referral option on the Supervisor's Utilities menu (see page 36 for instructions). The use of this menu requires a security key.

To begin the process, select the Close Out Referral option from the Data Entry menu and indicate the file you will be closing by entering the patient's name, referral date, or referral number. At the next prompt, you will have the option of entering final values. If you know that the final data has already been entered into the file, type "N" to continue. If you have not yet entered the final data, press RETURN to accept Yes, the default value.

If you have opted to enter final values, you will be presented with the same selections that were available from the Modify Referral option (see below). You will enter the final values the same way that you entered or edited data using the Modify Referral option. (For more detailed information, see the previous section on modifying referrals.) After you have entered the final referral data, press RETURN at the Edit Which Data Type prompt to quit the selection list and continue the process.

```
Select RCIS REFERRAL by Patient or by Referral Date or #: THATCHER,BECKY

Do you want to enter final values? Y// [Press RETURN to accept default or
                                        type N to bypass.]

     Select one of the following:

          0         QUIT
          1         MINI MOD
          2         ALL DATA
          3         DATE/COUNTS
          4         COSTS
          5         ICD9 DIAGNOSES
          6         CPT PROCEDURES
          7         CASE REVIEW COMMENTS
          8         PURPOSE OF REFERRAL/MED HX/OTHER DIAGNOSTIC INFO
          9         BUSINESS OFFICE NOTES
          10        DISCHARGE NOTES
          11        ADDITIONAL DOCUMENTATION

EDIT Which Data Type: 0// [Enter your selection here.]
```

Whether or not you have chosen to enter final data, the next prompt will request the final status of the referral. Note that if you have entered final data, this prompt appears after you choose Quit from the Edit Data Type menu; otherwise, the prompt appears after choosing not to enter final data. At the status prompt, enter one of the following codes. Each category is described below.

C1 Closed–Completed
C2 Closed–Final Resolution Unknown
X Closed–Not Completed

Closed–Completed

If you know the referral was completed and you have all of the final data, select Closed–Completed. This is the default value for the prompt. In order to select this status, you must have entered data into all of the required fields. If data is missing in one or more of the required fields, you will be notified with a message and asked if you want to enter the missing data. If you respond “Yes,” you will then be prompted to enter data in those incomplete fields only. To complete the closure, you will enter the date on which the referral was closed and the date on which the discharge summary or consultation letter was received. If no discharge summary or consultation letter has been received, you can press RETURN to bypass the prompt, since this entry is optional. The following sample shows the process of entering data into the incomplete fields and closing the referral.

```
Enter Final Status: C1// C1  CLOSED-COMPLETED

Required fields missing.  Do you want to enter them? Y// YES

ACTUAL COST: 500
ACTUAL IHS COST: 350
ACTUAL END DOS: JUN 01, 1996

DATE CLOSED: JUN 20,1996// [Press RETURN to accept the current date as the default or
                            enter the closing date.]

DATE DSCH SUMM/CONS LTR RCVD: JUN 15,1996  [or press RETURN to bypass]
```

Note: if you respond "No" at the Required Fields Missing message, the referral will **not** be closed and you will be returned to the Data Entry menu.

Closed–Final Resolution Unknown

Select Closed–Final Resolution Unknown if you do not know whether the referral was completed and believe that no further information is forthcoming. You will then enter the date on which the referral was closed. The default value for this prompt is the current date.

Closed–Not Completed

Select Closed–Not Completed if you know the referral was not completed. You will then be prompted to enter a reason why the referral was not completed. You must select an option from the following list:

1. Failed to Apply for Alternative Resources
2. Failed to Keep Appointment
3. Condition Resolved
4. Administrative Error
5. CHS Denial
6. Unknown

At the final prompt, enter the date on which the referral was closed to complete the closure.

If your facility is using the interface with the PCC, when a referral is designated as Closed–Completed the referral data pass to the PCC visit update module and are added to the PCC Visit, Diagnosis, Procedure, and Provider files. In turn, the PCC visit IEN is stored in the referral file.

Displaying a Referral Record

The DSP option on the Data Entry menu is used to obtain a detailed display of a referral record. All of the information that has been entered into the referral record is displayed. The information shown for each referral will differ depending on the type of referral, whether it is for an inpatient or outpatient visit,

and the status of the referral (i.e., more data is likely to have been entered for a closed referral than for one that has just been initiated).

You will select the referral record by entering the patient's name, referral date, or referral number. The referral record will then display on the screen. A sample is shown below.

```
Patient Name:              MILLER,ANITA
Chart #:                   100925
Date of Birth:             OCT 12, 1968
Sex:                       F

=============== REFERRAL RECORD ===============
DATE INITIATED:            AUG 05, 1997
REFERRAL #:                0001019700384
PATIENT:                   MILLER,ANITA
TYPE:                      CHS
REQUESTING FACILITY:       SELLS HOSPITAL/CLINIC
REQUESTING PROVIDER:       GRIFFITH,STANLEY P
TO PRIMARY VENDOR:         TMC FAMILY MEDICAL CENTER
TO OTHER PROVIDER:         JONES,BOB
FACILITY REFERRED TO (COM: TMC FAMILY MEDICAL CENTER
PRIMARY PAYOR:             IHS
ICD DIAGNOSTIC CATEGORY:   GASTROINTESTINAL DISORDERS
CPT SERVICE CATEGORY:      EVALUATION AND/OR MANAGEMENT
INPATIENT OR OUTPATIENT:   OUTPATIENT
DAYS SINCE BEGIN DOS:      -30
STATUS OF REFERRAL:        ACTIVE
CASE MANAGER:              CHVATAL,CHRISTINE
CREATED BY USER:           SMITH,NANCY
DATE CREATED:              AUG 05, 1997
DATE LAST MODIFIED:        AUG 05, 1997
PRIORITY:                  3
SEND ADDITIONAL MED INFO:  YES

PURPOSE OF REFERRAL:       GASTROINTESTINAL EVALUATION

NOTES TO SCHEDULER:        PLEASE SCHEDULE A.M. APPOINTMENT

ESTIMATED TOTAL REFERRAL : 125
ESTIMATED IHS REFERRAL CO: 125
EXPECTED BEGIN DOS:        SEP 04, 1997
OUTP NUMBER OF VISITS:     1
CHS APPROVAL STATUS:       PENDING

PERTINENT MED HX,LAB:

BUSINESS OFFICE:

DISCHARGE NOTES:

CHS APPROVAL STATUS AUDIT LOG:

DATE/TIME CHANGED:         AUG 05, 1997@13:29:15
USER UPDATED:              CHVATAL,CHRISTINE
OPTION USED:               BMC ADD REFERRAL
OLD VALUE:
NEW VALUE:                 PENDING
```

```
=============== RCIS DIAGNOSISs ===============

DIAGNOSIS:                  .9999
ICD NARRATIVE:              UNCODED DIAGNOSIS
TYPE:                       PROVISIONAL
PRI/SEC:                    PRIMARY
DIAGNOSIS NARRATIVE:        ULCER

DIAGNOSIS:                  .9999
ICD NARRATIVE:              UNCODED DIAGNOSIS
TYPE:                       PROVISIONAL
PRI/SEC:                    SECONDARY
DIAGNOSIS NARRATIVE:        STOMACH PAINS

=============== RCIS PROCEDUREs ===============

PROCEDURE:                  00099
CPT NARRATIVE:              UNCODED CPT CODE
TYPE:                       PROVISIONAL
PRI/SEC:                    PRIMARY
PROCEDURE NARRATIVE:        EVALUATION
```

Printing Referral Letters

Once you have entered data for a referral, you will be able to generate a printed referral letter to send with the patient or forward to the referred provider. The referral letter that prints for the referral record you select differs according to the referral type and status. For instance, a CHS referral contains information that is unnecessary for an in-house referral (see the samples that follow). Site-specific, customized text can also be printed on all CHS and Other referral types (see Site Parameters for details).

To print a referral letter, select the Print Referral Letter option on the Data Entry menu and then identify the type of referral to be printed. The RCIS package is designed to print the referral letter in a standard format. You may also want a letter that meets the requirements of your state's health-care program or the specific needs of other providers. Please contact the RCIS program developers if you are interested in a site-specific referral letter.

To print the standard form, type STANDARD at the prompt, then identify the referral record. You can make your selection by typing the patient's name, the referral number, or the date the referral was initiated. At the next prompt, enter the device for printing the form.

Sample referral forms are included on the following pages.

CHS Referral – Funds Authorized

```
             Referral for Contract Professional Services     MAR 06, 1996
********************************************************************************
                     Patient Identification, Address, Phone
Patient Name:  MILLER,MELANIE                      ID Number:  100294
         SSN:  009-05-0090                               Sex:  FEMALE
     Address:  777 N. 33RD ST.                           DOB:  MAY 10, 1975
               MESA, ARIZONA   88776
--------------------------------------------------------------------------------
Referred to:       ST JOSEPH'S HOSPITAL-TUCSON  (602-296-3211)
                   PO BOX 12069-350 N WILMOT
                   TUCSON,  ARIZONA   85732                      0001019500242
OUTPATIENT Services                    Appointment Date:  Mar 20, 1996
# of Outpatient Visits: 9              Expected Ending Date: DEC 01, 1996
--------------------------------------------------------------------------------

Purpose/Services Requested: ROUTINE PRENATAL CARE

Additional Medical Information Attached:   Not Documented by Provider
--------------------------------------------------------------------------------
If you have any questions concerning this referral, please contact:
     SELLS HOSPITAL/CLINIC  (contact: JOHN SMITH))
     P.O. BOX 548
     SELLS,  ARIZONA   85634     (phone:  (520) 295-2533)

Referring Provider:  GRIFFITH,STANLEY P
Records indicate patient has no third party coverage for this Service Date.

********************************************************************************
```

[Customized, site-specific text or the following default text for this referral type displays here.]

To the contract provider: CHS funds are authorized as specified above, subject to the conditions below:

* The provider shall submit a consultation report or discharge summary to the Indian Health Service prior to reimbursement by IHS Contract Health Services or the IHS's Fiscal Intermediary.

* This patient must apply for any alternative resouces for which he/she is entitled. Failure to do so by the patient will result in denial of payment by IHS and the would then be responsible for the entire bill.

* This referral does not authorized transfer of this patient to any other provider or the provision of services not requested without prior approval. Provision of unauthorized services may result in denial of payment without recourse to the patient.

* This referral is valid for 30 days from the date of issue for the above specified services, unless otherwise specified.

* This referral is a request for health services, not a guarantee of payment.

_____
CHS Supervisor

CHS Referral – Funds Not Authorized

```
             Referral for Contract Professional Services     AUG 29, 1996
********************************************************************************
                     Patient Identification, Address, Phone
Patient Name:  ADAMS,ROSEANNE                       ID Number:  100827
         SSN:  025-09-0250                                Sex:  FEMALE
     Address:  98 FILLMORE LANE                           DOB:  JAN 17, 1948
               SAN XAVIER, ARIZONA   88776
_______________________________________________________________________________
Referred to:       ABBEY MEDICAL/ABBEY RENTS
                   4826 E SPEEDWAY
                   TUCSON,  ARIZONA   85712                      0001019500562
OUTPATIENT Services                    Appointment Date:  Oct 01, 1996
# of Outpatient Visits: 1              Expected Ending Date: OCT 01, 1996
_______________________________________________________________________________

Purpose/Services Requested: EVALUATION

Additional Medical Information Attached:   Not Documented by Provider
_______________________________________________________________________________
If you have any questions concerning this referral, please contact:
     SELLS HOSPITAL/CLINIC  (contact: JOHN SMITH))
     P.O. BOX 548
     SELLS,  ARIZONA   85634     (phone:  (520) 295-2533)
Referring Provider:  ENOS,DON

Primary Payor for these services: IHS
Our records indicate that the patient has no third party coverage.

********************************************************************************
```

[Customized, site-specific text or the following default text for this referral type displays here.]

```
TO THE CONTRACT PROVIDER:  CHS Funds are not authorized because we do not yet
have adequate information to make that determination.  The patient (and any
alternative resources to which he/she is entitled) is responsible for this bill
and has been so informed.  If CHS funding is subsequently authorized, the
conditions below will apply.

* The provider shall submit a consultation report or discharge summary to the
Indian Health Service prior to reimbursement by IHS Contract Health Services or
the IHS's Fiscal Intermediary.

* This patient must apply for any alternative resources for which he/she is
entitled.  Failure to do so by the patient will result in denial of payment by
IHS and the would then be responsible for the entire bill.

* This referral is valid for 30 days from the date of issue unless otherwise
specified.

* This referral is a request for health services, not a guarantee of payment.

                                                  _____________________
                                                  CHS Supervisor
```

CHS Referral – Pending and Unknown

```
            Referral for Contract Professional Services     SEP 05, 1996
********************************************************************************
                     Patient Identification, Address, Phone
Patient Name:  STRINGER,SHEILA                    ID Number:  SE 564589
         SSN:  745-17-9008                              Sex:  FEMALE
     Address:  8357 W. AJO WAY                          DOB:  JAN 31, 1966
               TUCSON, ARIZONA   88739
--------------------------------------------------------------------------------
Referred to:       AFFILIATED ALLERGY PROFESSIONALS
                   4568 N. STONE AVE.
                   TUCSON,  ARIZONA   85733-4051                 0001019500125
OUTPATIENT Services                    Appointment Date:  Oct 03, 1996
# of Outpatient Visits: 1              Expected Ending Date: Oct 03, 1996
--------------------------------------------------------------------------------

Purpose/Services Requested: ALLERGY TESTING AND CONSULTATION

Additional Medical Information Attached:   Not Documented by Provider
--------------------------------------------------------------------------------
If you have any questions concerning this referral, please contact:
     SELLS HOSPITAL/CLINIC  (contact: JOHN SMITH)
     P.O. BOX 548
     SELLS,  ARIZONA   85634     (phone:  (520) 295-2533)
Referring Provider:  MCCARTHY,CHARLIE

Records indicate patient has no third party coverage for this Service Date.

********************************************************************************
```

[Customized, site-specific text or the following default text for this referral type displays here.]

```
TO THE CONTRACT PROVIDER:  CHS Funds are not authorized because we do not yet
have adequate information to make that determination.  The patient (and any
alternative resources to which he/she is entitled) is responsible for this bill
and has been so informed.  If CHS funding is subsequently authorized, the
conditions below will apply.

* The provider shall submit a consultation report or discharge summary to the
Indian Health Service prior to reimbursement by IHS Contract Health Services or
the IHS's Fiscal Intermediary.

* This patient must apply for any alternative resources for which he/she is
entitled.  Failure to do so by the patient will result in denial of payment by
IHS and the would then be responsible for the entire bill.

* This referral is valid for 30 days from the date of issue unless otherwise
specified.

* This referral is a request for health services, not a guarantee of payment.

                                                  _____________________
                                                  CHS Supervisor
```

IHS Referral

```
             Referral for Contract Professional Services     SEP 26, 1995
********************************************************************************
                     Patient Identification, Address, Phone
Patient Name:  THATCHER,BECKY                       ID Number:  256
         SSN:  000-17-0001                                Sex:  FEMALE
     Address:  P.O. BOX 998                               DOB:  JAN 01, 1933
               SASABE, ARIZONA   88776
--------------------------------------------------------------------------------
Referred to:       PHOENIX INDIAN MEDICAL CENTER            0001019500031
OUTPATIENT Services                     Appointment Date:  OCT 20, 1995
# of Outpatient Visits: 1               Expected Ending Date: OCT 20, 1995
--------------------------------------------------------------------------------

Purpose/Services Requested: ROUTINE MAMMOGRAM

Additional Medical Information Attached:   NO
--------------------------------------------------------------------------------
If you have any questions concerning this referral, please contact:
     SELLS HOSPITAL/CLINIC  (contact: JOHN SMITH))
     P.O. BOX 548
     SELLS,  ARIZONA   85634     (phone:  (520) 295-2533)

Referring Provider:  LUKACS,BOB

Our records indicate that the patient has no third party coverage.
********************************************************************************
```

In-House Referral

```
             Referral for Contract Professional Services     SEP 03, 1996
********************************************************************************
                     Patient Identification, Address, Phone
Patient Name:  JONES,MARIAN                         ID Number:  2563456
         SSN:  020-57-0351                                Sex:  FEMALE
     Address:  123 FIRST AVE.                             DOB:  OCT 10, 1953
               TUCSON, ARIZONA   85743
--------------------------------------------------------------------------------
IN HOUSE REFERRAL
Referred to:  DIABETES CLINIC                             0001019500565
OUTPATIENT Services                     Appointment Date:  SEP 27, 1996
# of Outpatient Visits: 1               Expected Ending Date: SEP 27, 1996
--------------------------------------------------------------------------------

Purpose/Services Requested: FOLLOW-UP VISIT

Additional Medical Information Attached:  YES
--------------------------------------------------------------------------------
Referring Provider: JOHNSON,DON

Our records indicate that the patient has no third party coverage.
********************************************************************************
```

Other Referral

```
             Referral for Contract Professional Services     FEB 05, 1996
*****************************************************************************
                     Patient Identification, Address, Phone
Patient Name:  WHITE,CHANDLER                       ID Number:  8946654
         SSN:  450-67-9897                                Sex:  MALE
     Address:  897 ELM                                    DOB:  APR 01, 1967
               TUCSON, ARIZONA   88776
_____________________________________________________________________________
Referred to:       TUCSON PLASTIC SURGEONS
                   4826 E SPEEDWAY
                   TUCSON,  ARIZONA   85982                      0001019500131
OUTPATIENT Services                    Appointment Date:  MAR 01, 1996
# of Outpatient Visits: 1              Expected Ending Date: MAR 01, 1996
_____________________________________________________________________________

Purpose/Services Requested: REMOVAL OF SCAR

Additional Medical Information Attached:   NO
_____________________________________________________________________________
If you have any questions concerning this referral, please contact:
     SELLS HOSPITAL/CLINIC  (contact: JOHN SMITH))
     P.O. BOX 548
     SELLS,  ARIZONA   85634     (phone:  (520) 295-2533)
Referring Provider:  LOPEZ,PABLO
Our records indicate that the patient has no third party coverage as of today.

*****************************************************************************
```

[Customized, site-specific text or the following default text for this referral type displays here.]

```
To the contract provider:

CHS funds are NOT AUTHORIZED.  The patient (and any alternative resources to
which he/she is entitled) is responsible for this bill and has been so informed.

Please submit a consultation report or discharge summary to the referring Indian
Health Service provider as soon as possible.
```

Printing Routing Slips

Computer-generated routing slips for the referrals can be printed with the PRS option on the Data Entry menu. A sample routing slip for a patient referral is shown below. Basic referral visit information and patient identification data are displayed at the top, followed by the facility to which the patient was referred. The additional documentation specified during data entry to be sent with the patient is marked with an "X" in the left hand column with the item name in the center column and a space to the right of each item for initials or signature.

```
                        Routing Slip for Contract Health
*******************************************************************************
   Patient Name:  MILLER,ANITA                          ID Number:  SE 100925
Referral Number:  0001019700384                   Date Initiated:  AUG 05, 1997
                                                Appointment Date:  SEP 04, 1997

   Referred to:  TMC FAMILY MEDICAL CENTER
                 (JONES,BOB)
                 PO BOX 44051
                 TUCSON,  ARIZONA   85733-4051
_______________________________________________________________________________

____________   PCC Visit Form                                  ____________

____X_______   Specialty Clinic Notes                          ____________

____________   Prenatal Record(s)                              ____________

____________   Signed Tubal Consent                            ____________

____________   Face Sheet                                      ____________

____X_______   Health Summary                                  ____________

____________   Most Recent EKG                                 ____________

____X_______   History and Physical                            ____________

____________   X-Ray / Report                                  ____________

____________   X-Ray Film                                      ____________

____________   Consultation Report                             ____________

____________   Most Recent Lab Report                          ____________

Disposition: ____________________________________________________________

             ____________________________________________________________

             ____________________________________________________________
```

Entering and Editing Business Office/CHS Comments

The Enter or Edit Business Office/CHS Comments option on the RCIS Data Entry menu allows the appropriate individual in the Business or CHS Office to add comments pertaining to the referral record. This option is also used to enter a Referred Care Committee action if your facility is entering them into the referral record. Note that the Referred Care Committee Action field in the Site Parameters file must be set to "Yes" in order for the prompt to appear when entering and editing Business Office/CHS comments.

After selecting the BOC option from the Data Entry main menu, you will be prompted to identify the referral for which you will be entering comments. You can select the referral by typing the patient's name, referral date, or referral number.

You will then be prompted to enter the Referred Care Committee action, if your facility has opted to enter this data. Responses to this prompt are site-specific. If you will be entering Managed Care Committee actions, you must first define them using an option on the Management menu (see page 64).

Next you will have the option of entering comments or editing existing comments. The standard word-processing screen will appear that allows you to type or edit comments. If you are not entering or editing comments, press RETURN to bypass this field.

A sample that shows the use of this option is presented next. User responses and instructions are in bold type.

```
Select REFERRAL by Patient or Referral Date or #: GIBSON,MELINDA
000101950003               SAN XAVIER HEALTH CENTER
                           ROUTINE MAMMOGRAM

REFERRED CARE COMMITTEE ACTION: SERVICES APPROVED

DATE MCC ACTION RECORDED: JUN 6,1996// [Enter a date or press RETURN to accept
default]

COMMENTS-Enter PF1 & E to Exit:
  1> Enter Business Office comments here.
```

Enter or Edit Scheduling Data

The Enter or Edit Scheduling Data option on the Data Entry menu allows quick access to the scheduling data in order to enter notes for the appointment clerk and indicate a scheduling time frame. At the prompts, enter the requested information as shown in the example below. If data has already been

entered, it will appear on the screen as the default value. Press RETURN to accept the previous entry or type the text to be replaced followed by the new entry.

```
Select REFERRAL by Patient or Referral Date or #: THATCHER,BECKY
10-1-1996  0001019500635  THATCHER,BECKY   CARONDELET HEALTH SERVICE
UNKNOWN SERVICE DATE  ROUTINE MAMMOGRAPHY

Schedule within N # Days: 30

Notes to Scheduler: CONTACT PT FOR SCHEDULING PREFERENCE

Select REFERRAL by Patient or Referral Date or #: [Press RETURN to bypass prompt
and exit this option or enter another referral]
```

Utilization Review by MD/ Managed Care Committee Action

This option on the Data Entry menu is used to enter the utilization review decision by a physician and the managed care committee action. The items that may be entered for each of these fields are developed by each site. (See the instructions for creating these categories in the RCIS Management Module section that follows.)

As shown in the sample dialog below, first you will be prompted to bring up the referrals according to the initiation date. The complete record for each referral initiated on that date will then display. After quitting the display screen, you will be prompted for the Referred Care Committee action and date then the utilization review decision. Note that the Managed Care Committee Action prompt does not appear unless your site has chosen to utilize this field. At each field, enter the appropriate response, as defined by your facility. To see a complete list of the choices available, type a question mark (?) and press RETURN at the prompt. To bypass any of the prompts without entering data, press RETURN. After you have entered the requested data, you will be prompted to review the next referral record, if more than one referral for that date exists. Otherwise you will return to the Data Entry menu.

```
Enter beginning Referral Initiation Date:  10/1  (OCT 01, 1996)

[The first referral record initiated on Oct 1 displays. Review the record then type Q at the action
prompt to leave the record.]

REFERRED CARE COMMITTEE ACTION: SCHEDULE AS REQUESTED

DATE MCC ACTION RECORDED: OCT 2,1996// SEPTEMBER 15, 1996

UTILIZATION REVIEW BY MD: APPROVED

Continue with next referral?? Y// YES
```

Checking Alternate Resources

The Check Alternate Resources option provides a means for quickly checking a patient's eligibility for services and any third-party insurance they may have. After selecting the Check Alternate Resources option, you will enter a patient's name at the prompt. Information on the patient's classification, eligibility, and insurance will display on the screen. Any comments in the Additional Registration Information field of the patient registration record will also display. A sample output is shown below.

```
CLASSIFICATION/BENEFICIARY IS: INDIAN/ALASKA NATIVE
ELIGIBILITY STATUS IS: CHS & DIRECT
NO THIRD PARTY COVERAGE RECORDED

ADDITIONAL REGISTRATION INFORMATION:
Patient's chart in temporary storage.
Need to check on status of old material.
```

RCIS Data Entry Supervisory Utilities

The RCIS Supervisory Utilities menu contains options for deleting and modifying referral data not available on any of the RCIS primary menus. Because of the nature of these functions, they should be used only by supervisory personnel. This menu is locked with a security key. For access to this menu, see your Site Manager who can assign the appropriate security key. The Supervisory Utilities menu, shown below, is accessed with the SUP option on the Data Entry menu. Each of the menu options are described in this section of the manual.

```
                ******************************************
                *          INDIAN HEALTH SERVICE         *
                *     REFERRED CARE INFORMATION SYSTEM   *
                *        VERSION 1.0, May 07, 1997       *
                ******************************************
                           SELLS HOSPITAL/CLINIC


  DELR   Delete Referral Entered in Error
  MCR    Modify Closed Referral - All Fiscal Years
  MR     Modify Referral - All Fiscal Years
  COR    Close Out Referral - All Fiscal Years
  ECHS   Add/Edit CHS Data
  FDX    Fix Uncoded DX Codes
  FPX    Fix Uncoded Procedure Codes
  PCHS   Print Referral Letters (CHS Approval Status)
```

Delete Referral Entered in Error

An option is provided on the Supervisory Utilities menu for deleting referrals that have been entered in error. Once a referral has been deleted, the entire referral record and related entries are not recoverable. If a referral is a CHS type and has been modified by the CHS office through the CHS system link, you will not be able to delete the referral record.

To delete a referral, select the Delete Referral Entered in Error option on the Management menu. At the first prompt, select the referral record you want to delete by entering the patient's name, the referral date, or the referral number. The referral record you select will then be displayed on the screen for browsing so that you can verify that it is the record that you want to delete. After you have reviewed the record, enter "Q" at the prompt to quite the browsing mode. You are then presented with the option of deleting the referral, as shown below. Enter "Yes" to delete the referral record or press RETURN to accept "No" as the default value and not delete the record.

```
THE ABOVE REFERRAL AND RELATED ENTRIES WILL BE REMOVED FOREVER !!!
Sure you want to delete? No//
```

If the referral has been deleted from the system, a confirming message will appear on the screen. If the referral record you selected to delete is a CHS referral and has been modified by the CHS office, a message will appear indicating that the referral may not be deleted.

Modify Closed Referral

To modify data for a closed referral, you must use the DELR option on the Supervisors Utilities menu. The MOD option on the Date Entry menu allows you to modify data only for active referrals within the current fiscal year. The process of modifying a closed referral is identical to modifying an active referral. For detailed instructions, please refer to the Modifying a Referral section of this manual (page 20).

Modify Referral (All Fiscal Years)

To modify a referral that was initiated in a fiscal year other than the current one, you will need to use the MR option on the Supervisors Utilities menu. Only referrals within the current fiscal year can be modified with the Modify Referral option on the Data Entry menu. The process of modifying a referral from a different fiscal year is identical to modifying a current fiscal year referral. For detailed instructions, please refer to the Modifying a Referral section of this manual (page 20).

Close Out Referral (All Fiscal Years)

Referrals can be closed automatically through the link with the CHS package or manually with the CLO option on the Data Entry menu. However, to close referrals from previous fiscal years, you must use the Close Out Referral option on the Supervisors Utilities menu. The closing process for referrals from

previous fiscal years is identical to closing referral in the current fiscal year. Please refer to the Closing Out a Referral section of this manual (page 32).

Add/Edit CHS Data

This menu option is available primarily for sites that are not using the link with the CHS system. The Add/Edit CHS Data option allows you to enter and modify CHS data that would otherwise be added to referral records automatically via the CHS system interface.

After selecting the menu option from the RCIS Management menu, you will be prompted to enter a referral initiation date. If more than one referral was initiated on that date, you will need to select the referral of interest from the list of referrals displayed. The screen below then appears for entering and modifying data. To enter or edit data, follow the same procedures as for all other data entry screens in the RCIS. Several of the CHS Authorization fields are required entries. If you have any questions regarding the information to be entered in each field, contact a staff member at your local CHS Office.

```
                              RCIS REFERRAL RECORD
DATE: FEB 5,1996   NUMBER: 0001019500125  PATIENT: DAVIS,GEENA
------------------------------------------------------------------------------
                *****CONTRACT HEALTH SERVICES INFORMATION*****

          CHS APPROVAL STATUS: APPROVED
     CHS APPROVAL/DENIAL DATE:
             CHS DENIAL REASON:
  CHS AUTHORIZATION DEC STAFF: SMITH,ROGER
 CHS AUTHORIZATION DEC REV DT: MAR 3,1997


AUTHORIZATION #: 1356
AUTHORIZATION #:
AUTHORIZATION #:
AUTHORIZATION #:
AUTHORIZATION #:
_____________________________________________________________________________
```

CHS Approval Status. Enter the status of this referral. You have a choice of:

- Pending
- Approved
- Denied

CHS Approval/Denial Date. Enter the date on which the CHS decision was made.

CHS Denial Reason. For denied referral, specify the reason for the denial. To see a list of the locally defined selections for this field, type a questions mark (?) and press RETURN.

CHS Authorization Decision Staff. Enter the name of the person who made the CHS authorization decision. This field is a required entry.

CHS Authorization Decision Review Date. Enter the date on which the referral was reviewed. This field is a required entry.

Authorization Number. Indicate the CHS authorization number for the referral.

> For referrals that have been approved and an authorization number has been entered, a pop-up screen appears for entering additional information. Note that the Dollars Authorized field is required.

```
Authorization #   1356

DOLLARS AUTHORIZED: 350
DOLLARS PAID:
PAYMENT STATUS:
TOTAL COST:

ACTUAL BEGINNING DATE:
ACTUAL ENDING DATE:

VENDOR: UNIVERSITY MEDICAL CENTER
```

Note: It is recommended that you not use this menu option for entering or modifying CHS data if your site has enabled the link with the CHS system. This data should entered from the CHS Office when the interface is enabled.

Fix Uncoded DX Codes

The Fix Uncoded DX Codes option was designed to expedite the entry of diagnostic codes for those sites that have elected to enable ICD-9 coding for referrals. As previously mentioned in the Data Entry section, the provider entering the initial referral data may not know the correct diagnostic code for the patient. In this case, the provider can enter .9999 or UNCODED for the diagnosis and include a diagnostic narrative in the referral record. At a later time, an experienced ICD-9 coder can use this option to quickly add the correct codes to the referral records.

Once this menu option is selected, the referral database will be searched for records with uncoded diagnoses. Each of these records will display on the screen, one at a time, with the diagnostic narrative, as shown in the following sample dialog. The coder will then enter the appropriate ICD diagnostic code number or description. After each entry, the coder has the option of continuing to the next uncoded record or exiting. When all of the referrals with uncoded diagnoses have been displayed, a message will appear indicating that the coding process is complete.

```
Searching the RCIS DIAGNOSIS File

Continue? Y// YES

NAME: ADAMS,BARNEY  DOB: AUG 8,1989  SEX: M  HRN: 101988
PROVIDER NARRATIVE:  DIABETES MELLITUS
REFERRAL #: 0001019500091

DIAGNOSIS: .9999// DIABETES
250.00 (DM UNCOMPL/T-II/NIDDM,NS UNCON) DIABETES MELLITUS WITHOUT MENTION OF
COMPLICATION/TYPE II/NON-INSULIN *DEPENDENT/ADULT-ONSET,OR UNSPECIFIED TYPE,
NOT STATED AS UNCONTROLLED

OK? Y// YES

Continue? Y// YES

NAME: THATCHER,BECKY  DOB: JAN 1,1933  SEX: F  HRN: 256
PROVIDER NARRATIVE: PANIC ATTACK
REFERRAL #: 0001019500636

DIAGNOSIS: .9999// 300.01
 300.01        PANIC DISORDER

Continue? Y// YES

All done with the RCIS DIAGNOSIS file
```

Fix Uncoded Procedure Codes

The Fix Uncoded Procedure Codes option was designed to expedite the entry of CPT codes for those sites that have elected to enable ICD-9 coding for referrals. As previously mentioned in the Data Entry section, the provider entering the initial referral data may not know the correct CPT code for the patient. In this case, the provider can enter 00099 or UNCODED for the procedure and include a procedural narrative in the referral record. At a later time, an experienced coder can use this option to quickly add the correct codes to the referral records.

Once this menu option is selected, the referral database will be searched for records with uncoded diagnoses. Each of these records will display on the screen, one at a time, with the diagnostic narrative, as shown in the following sample dialog. The coder will then enter the appropriate ICD diagnostic code number or description. After each entry, the coder has the option of continuing to the next uncoded record or exiting. When all of the referrals with uncoded diagnoses have been displayed, a message will appear indicating that the coding process is complete.

```
Searching the RCIS PROCEDURE File

Continue? Y// <RETURN> ES

NAME: MILLER,ANITA  DOB: OCT 12,1968  SEX: F  HRN: 100925
PROCEDURE NARRATIVE: EVALUATION
REFERRAL #: 0001019700384
PROCEDURE: 00099/ ROUTINE VISIT
SITING/VISITINTERMED/VISITOR/VISITS )
...

The following 2 matches were found:

   1: 99213 (99213)
   OFFICE/OUTPATIENT VISIT, EST
       OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF
       AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE
   2: 99214 (99214)
   OFFICE/OUTPATIENT VISIT, EST
       OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF
       AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE

Press <RET> or Select 1-2: 1

Continue? Y// <RETURN> ES

NAME: SMITH,DIANE  DOB: DEC 3,1941  SEX: F  HRN: 101579
PROCEDURE NARRATIVE: TOTAL HYSTERECTOMY
REFERRAL #: 0001019700311
PROCEDURE: 00099// 58150       TOTAL HYSTERECTOMY
       TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT
       REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);
         ...OK? Yes// <RETURN> (Yes)

Continue? Y// <RETURN>
```

Print Referral Letters (CHS Approval Status)

This option allows the CHS approval status to be changed prior to printing the referral letter. The use of this option expedites the referral approval and letter-generation process by combining the two processes into a single step. As shown in the sample dialog below, you will be prompted for the type of referral letter to print and the patient's name or referral number. The current CHS approval status then displays for confirmation or modification. Finally, you will select the output device for the referral letter.

```
                **********  REFERRAL FORM PRINT  **********

This report will produce a hard copy computer generated referral letter.

Select Type of Letter to be printed:  STANDARD IHS REFERRAL LETTER


Select Referral by Patient Name, date of referral or referral #:  8-18-1997
     0001019700390 VON RICHTOFEN,C              CARONDELET HEALTH SERVICE
                             UNKNOWN SERVICE DATE     DIALYSIS

          **CHS APPROVAL STATUS**: PENDING

Do you wish to Change the Existing CHS Approval Status? N// YES

CHS APPROVAL STATUS: PENDING// A  APPROVED

DEVICE: HOME// <SPECIFY OUTPUT DEVICE HERE>
```

The RCIS Management Module

The RCIS system provides functions that allow each facility to customize options to meet its needs. For example, each facility can set the system parameters as needed, create local procedure categories, develop referral templates for frequently initiated referrals, and specify Managed Care Committee actions. These options are available on the RCIS Management menu shown below. Access to the Management Module menu options requires the manager's security key. This section of the manual describes each of the RCIS Management menu options in detail and provides instructions on using them.

```
                ******************************************
                *          INDIAN HEALTH SERVICE         *
                *     REFERRED CARE INFORMATION SYSTEM   *
                *        VERSION 1.0, May 07, 1997       *
                ******************************************
                           SELLS HOSPITAL/CLINIC
                              RCIS Management


DSP    Display Site Parameters
ESP    Edit Site Parameters
LC     Add/Edit Local Category
AERR   Add/Edit Routine Referral Template Form
ASP    Add Specific Provider
DRR    Delete Routine Referral Template Form
LUV    Add/Edit Local Utilization Review By MD Codes
MCC    Add/Edit Local Managed Care Committee Action
PLC    Print Local Categories Listing
PMC    Print MGD Care Committee Action Listing
PSP    Print Specific Provider Listing
PUR    Print Utilization Review/MD Listing
```

Note: Before using the system for the first time, the Site Manager or Referred Care Coordinator will need to set the initial parameters. These parameters may be changed at a later time, if needed. See pages 55 to 60 for instructions on setting the site parameters.

Display Site Parameters

This option allows you to view the parameters that have been set for a facility. After selecting this option on the RCIS Management menu, you will specify the facility for which you want the parameters displayed. Then enter a device for printing or viewing the parameters. The following sample shows the site parameters that have been set for the Sells Hospital/Clinic. Read the following section for descriptions of each parameter.

```
                              RCIS SITE PARAMETERS

                                   FACILITY:  SELLS HOSPITAL/CLINIC
                             REFERRAL YEAR:  95
                             PCC INTERFACE:  YES
                             CHS INTERFACE:  NO
                                REFERRAL #:  504
                           ICD/CPT CODING:  YES
                           LOCAL CATEGORY:  ASK BUT OPTIONAL
                                OTHER LOC:  SELLS OTHER
                             DEFAULT MGR:  ENOS,DON
                           CHS SUPERVISOR:  BUTCHER,LORI ANN
              BUSINESS OFFICE SUPERVISOR:  JARLAND,TONI M
                                CHS ALERT:  YES
            REQUIRE PRIORITY RANK ON ALL:  YES
                   REFERRAL CONTACT NAME:  JOHN SMITH
                 REFERRAL CONTACT PHONE:  (520) 295-2533
                                   STATE:  ARIZONA
                               IHS ALERT:  YES
                             OTHER ALERT:  YES
                           IN-HOUSE ALERT:  YES
                 RCIS ONLINE START DATE:  JUN 11, 1996
          UNIVERSAL OR SITE SPEC. LOOKUP:  UNIVERSAL
           MANAGED CARE COMMITTEE ACTION:  YES

HELP PROMPT FOR PRIORITY SYSTEM:
LEVEL I. EMERGENT/ACUTELY URGENT CARE SERVICES
LEVEL II. PREVENTIVE CARE SERVICES
LEVEL III. PRIMARY AND SECONDARY CARE SERVICES
LEVEL IV. CHRONIC TERTIARY AND EXTENDED CARE SERVICES
LEVEL V. EXCLUDED SERVICES

HIGH COST DIAGNOSES BULLETINS:
Person Receiving Bulletin: BUTCHER,LORI ANN  Types: C
Person Receiving Bulletin: JARLAND,TONI M  Types: CIO

HIGH COST PROCEDURES BULLETINS:
Person Receiving Bulletin: LOPEZ,DIANA  Types: C

COSMETIC PROCEDURE BULLETINS:
Person Receiving Bulletin: ENOS,DON  Types: CION

EXPERIMENTAL PROCEDURE BULLETINS:
Person Receiving Bulletin: BUTCHER,LORI ANN  Types: CIO
Person Receiving Bulletin: JARLAND,TONI M  Types: CIO
Person Receiving Bulletin: ENOS,DON  Types: CN

THIRD PARTY LIABILITY BULLETINS:
Person Receiving Bulletin: JARLAND,TONI M  Types: CIO
Person Receiving Bulletin: BUTCHER,LORI ANN  Types: CIO
Person Receiving Bulletin: ENOS,DON  Types: C

CHS APPROVED TEXT:
The site-specific text for SELLS where the CHS has authorized
payment for the referral displays here.

CHS DENIED TEXT:
The site-specific text for SELLS where the CHS has denied
```

```
payment for the referral displays here.

CHS PENDING OR UNKNOWN TEXT:
The site-specific text for SELLS where the CHS authorization
status is pending or unknown displays here.

OTHER REFERRAL TEXT:
The site-specific text for SELLS for non-CHS, non-IHS, and non-IHS in-house
referrals displays here.
```

Edit Site Parameters

You can use the Edit Site Parameters option to customize the RCIS at your facility. This option allows you to elect whether to use various options and to specify the default values for others. This option is also used for designating the type of IHS MailMan messages that are generated for each referral, if any, and to whom they will be sent.

Upon selecting the Edit Site Parameters option, you will be prompted to enter the name of your facility. The entry screen for customizing the parameters will then display.

The following figure shows the entry screen used to customize the RCIS parameters. Each of the parameters that may be set at your facility are described below along with details on the responses to be entered.

```
          UPDATE REFERRED CARE INFORMATION SYSTEM (RCIS) PARAMETERS
*******************************************************************************

               REFERRAL YEAR: 95               STATE: ARIZONA
  ACTIVATE THE CHS INTERFACE? YES         PROMPT FOR LOCAL CATEGORIES? ASK
  ACTIVATE THE PCC INTERFACE? YES     PROMPT FOR MGED CARE COM ACTION? YES
PROMPT FOR ICD AND CPT CODES? YES
    ENTER YOUR SITE'S 'OTHER' LOCATION: SELLS OTHER
                  DEFAULT CASE MANAGER: ENOS,DON
                        CHS SUPERVISOR: BUTCHER,LORI ANN
            BUSINESS OFFICE SUPERVISOR: JARLAND,TONI M
                 REFERRAL CONTACT NAME: JOHN SMITH
                REFERRAL CONTACT PHONE: (520) 295-2533
  RCIS ACTIVATION DATE: JUN 11,1996      UNIVERSAL OR SITE SPEC. LOOKUP: U
UPDATE BULLETIN PARAMETERS (press return):
REQUIRE PRIORITY ENTRY ON ALL REFERRALS? YES
PRESS RETURN TO ENTER HELP TEXT THAT WILL APPEAR WHEN ENTERING PRIORITY:
PRESS RETURN TO EDIT SITE-SPECIFIC REFERRAL LETTER TEXT:
```

[Help screens appear here.]

Referral Year. Enter into this field the last two digits of the referral processing year; for instance, enter 96 for 1996. The referral processing year may be the fiscal year or the calendar year. All assigned referral numbers include the two digits of the corresponding referral year.

State. Type in the name of the state in which your facility resides.

CHS Interface. If you are using the CHS package at your facility, you can link it to work in conjunction with the RCIS. This interface allows the CHS office to enter information in the RCIS referral records and to close records after services have been received. Activating this link will eliminate redundant data entry at your facility. Note that the link affects CHS referrals only. Enter "Yes" to use the interface or "No" if your site does not use the CHS or if you do not want to use the interface.

PCC Interface. If the PCC is used at your facility, you have the option of linking the RCIS with the PCC. To enable the interface, enter "Yes." Enter "No" if your site does not use the PCC or if you do not want to enable the interface. Data passes from the RCIS to the PCC and creates a PCC Visit only after a referral is closed. Data for open referrals is also passed to the PCC and available for retrieval and display on the Health Summary, but a PCC Visit is not created for the referral until it is closed.

ICD/CPT Coding. This field controls whether the system will prompt for ICD and CPT codes during the referral data entry process. Enter "Yes" to enable the prompts or "No" if you do not want ICD and CPT codes entered into the system for referrals.

> If you respond "Yes," the following pop-up box will appear prompting you to specify whether you want to automatically stuff the uncoded ICD9 and CPT codes. Responding "Yes" to this subsequent prompt means that the user is prompted only for the narrative and the code field is stuffed with the unspecified code. A data entry or medical records staff person will add the correct codes at a later date based upon the provider narrative that has been entered. Responding "No" will prompt the user for both the code and narrative.

```
        Enter Yes if you wish to automatically stuff
                  UNCODED ICD9 & CPT Codes.
     **User will be prompted for Provider Narrative Only**

                    STUFF ICD/CPT CODES: N
```

Local Category. Your response in this field indicates whether the system prompts for local site categories during the referral data entry process, and if so, whether the response is required. Enter one of the following:

0 Do Not Ask–the system does not prompt for local categories
1 Ask but Optional–the system prompts for local categories, but the response is optional
2 Ask and Required–the systems prompts for local categories and the response is required

If you enter 1 or 2, you must define the local categories using the Add/Edit Local Category option on the RCIS Management menu (see page 60 for instructions).

Managed Care Committee Action. This field allows you to specify whether Managed Care Committee actions are entered into the database. These actions are developed locally to meet the needs of your site. Enter "Yes" to utilize this field or "No" if you do not want to record this information.

Other Location. This field contains the entry in the Location file to be used by the PCC link for the Location of Encounter for all outside referrals. This entry should point to the generic location Other for your local Service Unit.

Default Case Manager. You can use this field to enter a particular Case Manager whose name will appear as the default for Case Manager during the referral data entry process. If you have only one or a primary Case Manager who handles referrals at your facility, entering the Case Manager's name in this field helps to minimize data entry. You may leave this field blank and no default name will display at the Case Manager prompt.

CHS Supervisor. Enter in this field the name of the CHS staff member responsible for reviewing CHS referrals. The CHS Supervisor named in this field receives a mail bulletin if the CPT category and CPT procedure codes entered for a referral are not logically consistent.

Business Office Supervisor. This field contains the name of the Business Office staff responsible for reviewing referrals. The Business Office Supervisor named in this field receives a mail bulletin if the CPT category and CPT procedure codes entered for a referral are not logically consistent.

Referral Contact Name. The name entered into this field is printed on all referral forms as the contact person for any inquiries that referred providers might have about the referral. This entry is required.

Referral Contact Phone. Enter the phone number of the referral contact person. This number will appear on all of the printed referral forms. It is a required entry and must be 13-15 characters in length; for example, (520) 295-2533.

A pop-up screen containing the mailing address of your facility appears after you have entered the phone number for the referral contact person. A sample screen is shown below. Verify that your site's mailing address is correct. If it is incorrect, contact your Site Manager who will make the necessary corrections.

```
     **Contact Site Manager to Change Address-If incorrect**
MAILING ADDRESS-STREET: P.O. BOX 548
  MAILING ADDRESS-CITY: SELLS
 MAILING ADDRESS-STATE: ARIZONA
   MAILING ADDRESS-ZIP: 85634
```

RCIS Activation Date. Enter into this field the date that the RCIS "went live," or started processing actual patient data. Do not use the date on which the RCIS was installed at your site. Once the RCIS System has been active for 6 months (i.e., 6 months after the activation date), referral numbers will be required on all CHS Purchase Orders. When entering the activation date, you may omit the exact day; for example, typing JULY 1996 is sufficient.

Universal/Site-Specific Lookup. This field specifies how the system looks up patients in the database. Enter "U" for universal lookup or "S" for site-specific lookup. For multi-facility sites, the universal lookup will display a list of patients regardless of the HRN prefix. The site-specific lookup will display only those patients who have an HRN with the prefix of your site. For example, if a user at the San Xavier (SX) clinic entered John Smith as the patient, the site-specific lookup would display all patients named John Smith who had a record

Update Bulletin Parameters. The RCIS system generates MailMan Bulletins for the four different types of referrals when a referral has been initiated and entered into the system. You may elect whether to use these alerts and which ones to use. Four mail groups are already included in the system to which these bulletins are sent; however, you must specify who is included in each one. The referral types and their corresponding mail groups are listed below.

Referral Type	Mail Group Name
IHS	BMC IHS Alert
Other	BMC Other Alert
CHS	BMC CHS Alert
In-House	BMC In-House Alert

In addition, you may activate mail bulletins for the following special referrals. These bulletins are available only if you are entering ICD-9 Diagnosis and CPT Procedure codes at your facility.

- High-Cost Diagnosis–when a diagnosis classified as "high cost" is entered in a patient's referral record
- High-Cost Procedure–when a procedure classified as "high cost" is entered in a patient's referral record
- Cosmetic Procedure–when a cosmetic procedure is entered in a patient's referral record
- Experimental Procedure–when a procedure identified as experimental is entered in a patient's referral record
- Third-Party Liability–when a diagnosis that indicates a third party may be liable for payment is entered in a patient's referral record (e.g., auto accident)

You will need to specify which individuals will receive the mail bulletins pertaining to each of the special referral categories listed above.

To define or edit the mail bulletin parameters, press RETURN at the Update Bulletin Parameters prompt on the Edit Site Parameters screen, as indicated. The following pop-up screen will display for entering mail bulletin data.

```
*********  UPDATE BULLETIN RELATED RCIS SITE PARAMETERS  *********

          Referral Type                          Mail Group Name
SEND BULLETIN ON CHS REFERRALS?  YES             BMC CHS ALERT
SEND BULLETIN ON IHS REFERRALS?  YES             BMC IHS ALERT
SEND BULLETIN ON OTHER REFERRAL TYPE?  YES       BMC OTHER ALERT
SEND BULLETIN ON IN-HOUSE REFERRALS?  YES        BMC INHOUSE ALERT

Hit return at each item below to ADD/EDIT/DELETE users who should
receive each bulletin type.

HIGH COST DIAGNOSIS BULLETIN:   EXPERIMENTAL PROCEDURE BULLETIN:
HIGH COST PROCEDURE BULLETIN:   THIRD PARTY LIABILITY BULLETIN:
COSMETIC PROCEDURE BULLETIN:
```

The first four prompts on the pop-up screen allow you to specify whether you want mail bulletins sent for each of the referral types (CHS, IHS, Other, In-House). Enter "Yes" at the prompt for each mail bulletin desired; otherwise, enter "No." Remember that you will need to define the membership for each mail group. To do so, contact your Site Manager.

To use the mail bulletins for the special referrals listed at the bottom of the Update Bulletin pop-up screen, press RETURN at the designated prompt to see another pop-up screen for specifying this information. The following pop-up screen is for the High-Cost Diagnosis bulletins. All of the pop-up screens for the special bulletin types are identical to this one.

```
**** UPDATE USERS WHO RECEIVE HIGH COST DIAGNOSIS BULLETIN ****

Person to Receive Bulletin            Receive for Referral Types
SMITH,SUSAN                           CI
MARTIN,DON                            I
EDWARDS,ANTHONY                       CION
SHORE,DIANA                           CIN
```

On the left side of this screen, type the name of the person to receive the bulletin. Then, to the right of each person's name, enter the following codes to indicate the specific referral types for which mail bulletins will be sent.

C	CHS	O	Other
I	IHS	N	In-House

For instance, in the above example, Susan Smith will receive bulletins on high-cost diagnoses for CHS and IHS referrals only. Don Martin will receive bulletins on high-cost diagnoses for IHS referrals only. You may enter up to 4 codes for each person.

Require Priority Entry. Type "Yes" or "No" in this field to indicate whether a priority ranking will be required for each referral record entered into the system. The priority ranking system is required for each

CHS referral, regardless of your choice for this parameter. If you enter "No," the system will prompt for a priority ranking for CHS referrals only.

Help for Priority System. The RCIS package contains the standard CHS priority rating system. The Help for Priority System field may be used for creating local priority definitions to be used instead of the standard rating system at your facility. The definitions that you create will then be displayed as a help screen if a question mark is entered at the priority ranking prompt during the data entry process.

To define a local priority-ranking system, press RETURN at the prompt, as indicated, to display the following pop-up word-processing screen. Then type in the new priority categories.

```
COMMAND:                                        Press <PF1>H for help
Insert

  1>[Enter text for the new priority rankings here.]
  2>
      EDIT Option:
```

Site-Specific Referral Text. You can customize the referral text to print for CHS and Other referral types. Text for CHS letters can be specific to the approval status as well. Press RETURN at the prompt to display the following pop-up screen. Then press RETURN at the specific letter for which you want to enter or edit text.

```
PRESS RETURN TO EDIT CHS APPROVED TEXT:
PRESS RETURN TO EDIT CHS DENIED TEXT:
PRESS RETURN TO EDIT CHS PENDING OR UNKNOWN TEXT:
PRESS RETURN TO EDIT OTHER REFERRAL TEXT:
```

After selecting the specific letter for customizing text, the following word-processing screen appears. Enter the specific text you want to appear on the referral letter, as shown in the example below.

```
COMMAND:                                        Press <PF1>H for help

  1>This is site-specific text for SELLS where the CHS has
  2> authorized payment for the referral.
  3>
EDIT Option:
```

Add/Edit Local Category

If you are entering local CPT procedure categories at your facility, you will need to define the categories to be used. The Add/Edit Local Category option on the RCIS Management menu allows for the creation and modification of these categories.

To add a new category, enter the name of the category at the first prompt. The name may be 3 to 30 characters in length and must not be numeric or begin with punctuation. At the next prompt, enter "Yes"

to add this category name, or if you have accidentally mistyped the category name, type the correct name at this prompt and press RETURN.

Next, you have the option of selecting a mnemonic for the category. Selecting a mnemonic for each category facilitates the data entry process by reducing the number of keystrokes required for entry. The mnemonic you select may be 1 to 3 characters long. For ease of use, it should be a logical abbreviation of the category. The following sample shows the addition of a new category. User responses and instructions are in bold type.

```
Select RCIS LOCAL SERVICE CATEGORY NAME: X-RAY

Are you adding 'X-RAY' as
    a new RCIS LOCAL SERVICE CATEGORY (the 6TH)? Y  (Yes)

NAME: X-RAY// [Press RETURN to accept the default or type in a corrected name.]

MNEMONIC: XR
```

You can also use this option to modify already existing local categories; for instance, you may want to re-name a category or select a new mnemonic. The process is very similar to creating a new category. First, select the category you want to edit. Then enter the new name at the Name prompt that appears next. Finally, enter a new mnemonic or press return to keep the previous one. The former name and mnemonic for the category will be replaced with your new entries. A sample of this process is shown below.

```
Select RCIS LOCAL SERVICE CATEGORY NAME: X-RAY

NAME: X-RAY// RADIOLOGY

MNEMONIC: X1// RD
```

Add/Edit Routine Referral Template

As mentioned in the data entry section of this manual, you can create routine referral templates for your site. Routine referral templates are typically created for the most common referrals initiated at your facility. These templates minimize the amount of data entry required by providing default values for many of the fields on the data entry screen. The default values are used whenever one of the routine referrals is generated. Referral templates allow for faster and easier data entry into the system and printed referral forms can be quickly prepared and sent with the patient to the referred provider.

To create a routine referral template, select the Add/Edit Routine Referral Template Form option on the RCIS Management menu. You will be prompted to enter a name for the routine referral. The name may be 3 to 30 characters in length. You will then be asked if you want to create a new template with the

name you have entered. If you want to change the name, enter “No” to return to the first prompt. Enter “Yes” to add the template and continue.

```
Enter NAME of Routine Referral: ROUTINE X-RAY

Are you adding 'ROUTINE X-RAY' as
    a new RCIS ROUTINE REFERRAL DEF (the 8TH)? Y  (Yes)
```

Next, the following screen will display for entering the template default data. Remember that the data you enter will appear each time the referral form is selected for data entry. Enter data into each of the fields, as needed, in the same way that you entered data for a new referral. The only pop-up screen that appears is for the CPT Service Category that allows you to enter local categories if they are used at your facility. For more detailed instructions on entering data and descriptions of each field, see the “Using the Complete Referral Form” section.

```
                        UPDATE ROUTINE REFERRAL INFORMATION
*******************************************************************************
NAME OF ROUTINE REFERRAL: ROUTINE X-RAY
     REQUESTING FACILITY: SELLS HOSPITAL/CLINIC
        TYPE of REFERRAL:                              PRIMARY PAYOR:

Refer To  -  CHS Referrals:  PRIMARY VENDOR:
             IHS Referrals:    IHS FACILITY:
              Any Referral:  OTHER PROVIDER:

INPT/OUTPT:                  INPT-EST LOS:          OUTPT # OF VISITS:
 EST. COST:                 EST. IHS COST:                    PRIORITY:

       PURPOSE OF REFERRAL:
   ICD DIAGNOSTIC CATEGORY:
      CPT SERVICE CATEGORY:
           PROVISIONAL DRG:
-------------------------------------------------------------------------------

                              [Help screens appear here.]
```

After you have entered data on the data entry screen and have saved the changes, you will be prompted for entering ICD-9 Diagnosis Codes and CPT Service Category codes that will be the default codes used when this custom referral is selected. Note that these prompts will appear only if the ICD/CPT site parameter has been set to “Yes.” You may enter codes or bypass the prompts by pressing RETURN. For more detailed instructions on entering these codes, see pages 16 to 17.

Once you have finished adding the template, it will now appear on the list of referral types you can select from when using the Add Referral option on the Data Entry menu.

```
Please select the referral form you wish to use.

     1.  Mini Referral (abbreviated entry for clinicians)
     2.  Complete Referral (all referral data)
     3.  Referral initiated by outside facility

     Locally-defined Routine Referral Templates:

     4.  Routine mammogram
     5.  Routine prenatal care
     6.  Routine x-ray
     7.  Dental visit
```

When adding a new referral, selecting the referral template that you created will then display the data entry screen with all of the default values that were specified during the template creation process. If using the following sample template, for instance, the person entering data will need to add information only into the fields without default information. In this case, the appointment date and time would be entered as well as any other information needed in the optional fields, such as pertinent medical history and lab data or Business Office comments. The person entering data may change any of the default data, if needed.

```
                            RCIS REFERRAL RECORD
DATE: JUN 25,1996  NUMBER: 0001019500509  PATIENT: WILLIAMS,ROBERT
------------------------------------------------------------------------------
REQUESTING FACILITY: SELLS HOSPITAL/CLINI   Display Face Sheet?  N
REFERRAL TYPE: CHS FACILITY                 PRIMARY PAYOR: IHS
INPATIENT/OUTPATIENT: OUTPATIENT            CASE MANAGER: ENOS,DON
ACTUAL APPT/ADM DATE&TIME:

PROVISIONAL DRG:
ESTIMATED COST: 50                          ESTIMATED IHS COST: 50

PURPOSE/SERVICES REQUESTED: X-RAY
PERTINENT MED HX & FINDINGS:                PRIORITY: 3
ARE YOU SENDING ADDITIONAL MEDICAL INFORMATION WITH THE PATIENT?
BUSINESS OFFICE/CHS COMMENTS:
ICD DIAGNOSTIC CATEGORY:
CPT PROCEDURE CATEGORY:
```

Add Specific Provider

Specific providers may be added with the Add Specific Provider option on the RCIS Management menu. When adding the specific providers with this option, a mnemonic can be assigned to each to speed the selection of the provider during the data entry process. An example of adding a new provider is shown below.

```
Select RCIS SPECIFIC PROVIDER NAME: MARTIN,ROBERT
  Are you adding 'MARTIN,ROBERT' as
    a new RCIS SPECIFIC PROVIDER (the 16TH)? Y  (Yes)
   RCIS SPECIFIC PROVIDER MNEMONIC: RM
MNEMONIC: RM// <RETURN>
```

Note that specific providers can also be added during the data entry process.

Delete Routine Referral Template Form

Routine referrals that have been entered into the system and are no longer used can be deleted with the Delete Routine Referral Template Form option on the RCIS Management menu. Select the menu option and enter the name of the template to be deleted. You will then be prompted to confirm the deletion. A message appears indicating that the template has been removed from the system. Remember that once a template is deleted, it can no longer be retrieved.

```
ROUTINE REFERRAL TEMPLATE  NAME:  PRENATAL
Are you sure you want to delete the PRENATAL Routine Referral? N// YES
Routine Referral PRENATAL deleted.
```

Add/Edit Local Utilization Review by MD Codes

If your facility will be entering codes for utilization reviews by physicians, these codes must be predefined prior to entry. The Add/Edit Local Utilization Review by MD Codes option allows your site to enter the codes that will be used locally. The codes that you define must be 3 to 30 characters in length and may not be numeric or begin with punctuation.

The following sample dialog shows how to add a new code. If you are editing a code, you will select the code first and then enter the new text that you want to replace the previous code. This process is the same as creating and editing other local categories in the RCIS (see the following section).

```
Select RCIS LOCAL UTIL REV BY MD CODES ACTION: APPROVED

Are you adding 'APPROVED' as a new RCIS LOCAL UTIL REV BY MD CODES
(the 2ND)? Y  (Yes)

ACTION: APPROVED//  RETURN  [Press RETURN to confirm your entry or re-enter your code to
replace it.]
```

Add/Edit Local Managed Care Committee Action

This option allows for the creation of site-specific Managed Care Committee actions. Before entering any Managed Care Committee decisions into patients' referral records, they must be defined for your facility. After these actions have been defined and entered into the RCIS, they may be added to referral records as needed to track Managed Care Committee decisions regarding referred care.

Action items developed by the Managed Care Committee may consist of text or numeric codes. There are no restrictions on the format of the actions and as many actions as needed may be entered into the RCIS. For instance, one facility developed the following actions based upon the decisions typically made by the Managed Care Committee:

- Deferred Service
- Hold, To Be Determined
- Schedule as Requested
- Schedule at San Xavier Clinic

To enter a Managed Care Committee action into the system, select the Add/Edit Managed Care Committee Action on the RCIS Management menu. You will be prompted to type an action item. Your response must be 3 to 30 characters in length. The next prompt allows you to add the action item or return to the previous prompt. Respond "Yes" to add the item or "No" to return to the previous prompt.

```
Select RCIS MANAGED CARE COMM ACTION ITEM: HOLD, TO BE DETERMINED

Are you adding 'HOLD, TO BE DETERMINED' as
    a new RCIS MANAGED CARE COMM ACTION (the 3RD)? Y  (Yes)
```

Continue adding Managed Care Committee action items in this manner until finished.

Print Local Categories Listing

A list of the local service categories developed at your site can be printed with this option. Select the option and the output device and the list will print. Below is a sample of the printed list.

```
RCIS LOCAL SERVICE CATEGORY LIST                  SEP  3,1997  09:30    PAGE 1
NAME                                  MNEMONIC
------------------------------------------------------------------------------

AMBULANCE                             AMB
CAT SCAN                              CS
RADIOLOGY                             RD
```

Print MGD Care Committee Action Listing

A list of the managed care committee actions developed at your site can be printed with this option. Select the option and the output device and the list will print. A sample list is shown below.

```
RCIS MANAGED CARE COMM ACTION LIST                 SEP  3,1997  09:30    PAGE 1
ITEM                            CODE
------------------------------------------------------------------------------

APPROVED
DENIED
HOLD, TO BE DETERMINED
SCHEDULE AS REQUESTED
```

Print Specific Provider Listing

A list of the specific providers and the corresponding mnemonics that have been entered at your site can be printed with this option. Select the option and the output device and the list will print. A sample is shown below.

```
RCIS SPECIFIC PROVIDER LIST                        SEP  3,1997  09:31    PAGE 1
NAME                                  MNEMONIC
------------------------------------------------------------------------------

JOHNSON,ROBERT                        RJ
MARTIN,ROBERT                         RM
MEDLIN,JOHN                           MED
```

Print Utilization Review/MD Listing

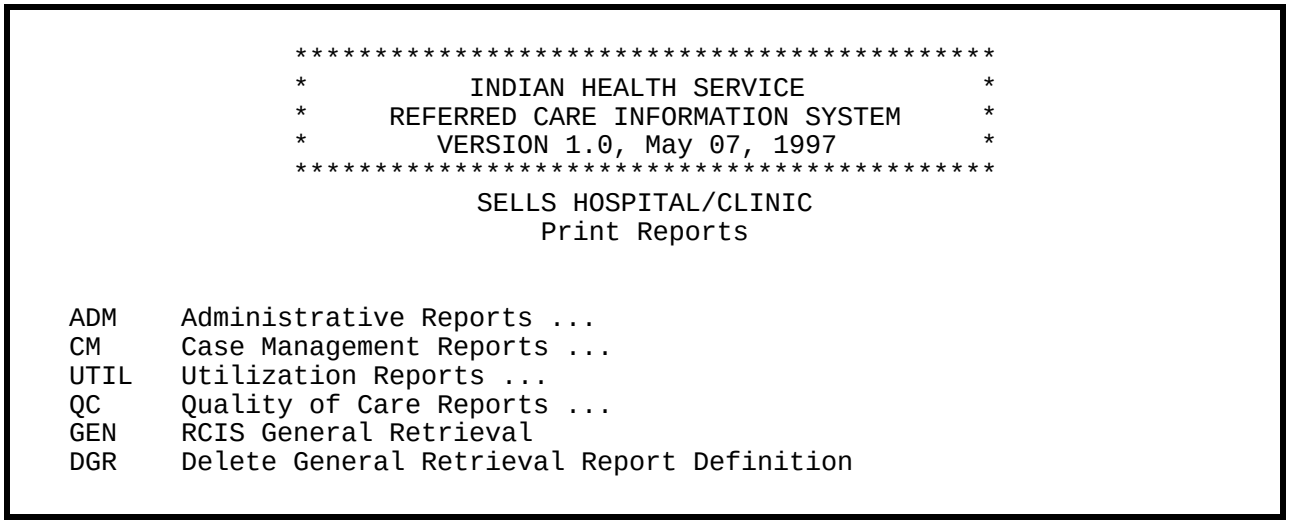
The site-specific utilization review decisions developed locally can be printed using the Print Utilization Review/MD Listing. Select the option from the RCIS Management menu and then specify the output device. A sample list is displayed here.

```
RCIS LOCAL UTIL REV BY MD CODES LIST                SEP  3,1997  09:32    PAGE 1
ACTION
------------------------------------------------------------------------------

APPROVED
REVIEWED / NOT APPROVED
REVIEWED / PENDING
```

The Print Reports Module

Numerous predefined reports may be generated from the Print Reports Module of the RCIS to help with the tracking and management of referred care at your facility. Reports in a variety of general categories are available as well as a very flexible report option that allows you to create customized reports with a minimum of effort.

The following menu displays the different report categories that are available to you. Each of the categories contains a submenu of reports with the exception of the RCIS General Retrieval option and the Delete General Retrieval Report Definition, which are used for creating and deleting customized reports.



This section of the manual contains detailed instructions for using all of the report options and presents a sample of each. It is helpful to review all of the report options available and their capabilities before generating any reports.

For many of the reports, you have the option of printing the output or browsing it on the screen. When browsing output on the screen, the following commands are available for reviewing the output:

+ Next Screen
– Previous Screen
Q Quit
?? More Actions

Note: All reports in this module exclude in-house referrals except for those specifically designed for the reporting of in-house referral data.

Administrative Reports

The Administrative Reports option provides a means for tracking active referrals, checking the status of CHS referrals, looking at the patterns of in-house referrals, and reviewing referrals for a particular time period. The menu below shows the reports that are available from this category.

```
                ****************************************
                *          INDIAN HEALTH SERVICE       *
                *     REFERRED CARE INFORMATION SYSTEM     *
                *         VERSION 1.0, May 07, 1997        *
                ****************************************
                           SELLS HOSPITAL/CLINIC
                           Administrative Reports


ARD    Active Referrals by Date
ARR    Active Referrals by Referred To
ARP    Active Referrals by Requesting Provider
CHD    CHS Denied Still Active
CHPD   CHS Paid
CHPE   CHS Pending
INHC   Tally of In-House Referrals by Clinic
INHP   Tally of In-House Referrals by Requesting Provider
OUT    Referrals Initiated at an Outside Facility
RRR    Referral Review Report by Time Period
```

ARD Active Referrals by Date

The ARD report lists all active referrals ordered by date. Active referrals are those that have not yet been closed. You may choose to list the referrals by the date they were initiated or by the best available beginning date of service. The date initiated is the actual date on which the referral was generated. The best available beginning date of service is the actual beginning date of service, if available. If this date is unavailable, the expected beginning date of service is displayed. If you are generating a report by best available beginning date of service, an (A) or (E) displays after each date of service to indicate whether the date is actual or estimated. You may print the report or browse the output on the screen.

The sample report below lists referrals by beginning date of service . Note the (A) and (E) printed after each date of service.

```
********** CONFIDENTIAL PATIENT INFORMATION **********
                SELLS HOSPITAL/CLINIC                        Page 1
          ACTIVE REFERRALS BY BEGIN DATE OF SERVICE

                                                  REF
BEGIN D.O.S. REFERRAL #     PATIENT NAME          PROV TYPE FACILITY REFERRED TO
-------------------------------------------------------------------------------
02/26/96 (E) 0001019500141  GRANT,DOREEN          EDE  CHS  ST FRANCIS HOSPITAL
03/01/96 (E) 0001019500116  GRANT,ABE            EDE  IHS  SELLS HOSPITAL/CLINI
03/04/96 (E) 0001019500229  GRANT,DOREEN         EDE  CHS  TMC FAMILY MEDICAL C
03/04/96 (E) 0001019500232  KETCHUP,GREGORY      EDE  IHS  SELLS HOSPITAL/CLINI
03/04/96 (E) 0001019500236  ADAMS,JENNIFER       EDE  CHS  TMC FAMILY MEDICAL C
03/07/96 (A) 0001019500269  JOHNSON,MEGAN        EDE  CHS  DESERT SUGICENTER
03/09/96 (E) 0001019500234  ENOS,DON            EDE  IHS  SELLS HOSPITAL/CLINI
03/14/96 (E) 0001019500218  THATCHER,BECKY       EDE  IHS  PHOENIX IND MED CTR
03/15/96 (E) 0001019500197  CARTER,ROBIN         ACC  IHS  ST FRANCIS HOSPITAL
03/19/96 (A) 0001019500271  KENNEDY,ANITA        SPG  CHS  TUCSON GENERAL HOSPI
03/20/96 (A) 0001019500242  MILLER,MELANIE       EDE  CHS  ST JOSEPH'S HOSPITAL
03/20/96 (E) 0001019500285  ADAMS,JENNIFER       EDE  CHS  TMC FAMILY MEDICAL C
03/22/96 (E) 0001019500287  SMITTS,JEAN          EDE  CHS  UNIVERSITY MEDICAL C
03/29/96 (E) 0001019500276  ENOS,DON             EDE  IHS  TMC FAMILY MEDICAL C
                                                           DR. SMITH
04/01/96 (A) 0001019500288  ALANO,FRED           GIS  CHS  TMC FAMILY MEDICAL C
04/01/96 (E) 0001019500290  KENNEDY,ANITA        EDE  CHS  TMC FAMILY MEDICAL C
04/01/96 (E) 0001019500294  CARPENTER,HANNAH     ACC  CHS  TMC FAMILY MEDICAL C
04/01/96 (A) 0001019500303  THATCHER,BECKY       EDE  CHS  ABBEY MEDICAL/ABBEY
                                                           DR. JONES
04/18/96 (A) 0001019500305  TIMAN,MARTHA         EDE  CHS  ABBEY MEDICAL/ABBEY
                                                           DR. SMITH
04/23/96 (A) 0001019500309  ZYKOS,BEA            EDE  CHS  ASSOCIATED RESPIRATO
04/24/96 (E) 0001019500311  BURR,ANDY            ACC  CHS  TMC FAMILY MEDICAL C

RUN TIME (H.M.S): 0.0.2
End of report.  HIT RETURN:
```

ARR Active Referrals by Referred to

This report lists all active referrals by the provider to which the patient was referred. Active referrals are those that have not yet been closed. The report may be printed or browsed on the screen. You may elect to print each facility on a separate page.

```
          ********** CONFIDENTIAL PATIENT INFORMATION **********
                        SELLS HOSPITAL/CLINIC                        Page 1
                 ACTIVE REFERRALS BY FACILITY REFERRED TO

                                                    REF
BEGIN D.O.S  REFERRAL #     PATIENT NAME            PROV TYPE FACILITY REFERRED TO
-------------------------------------------------------------------------------

FACILITY REFERRED TO:  TUCSON REHAB CENTER
12/26/95 (E) 0001019500103  ROBERTS,DIANE MARIE     EDE  IHS  TUCSON REHAB CENTER
02/26/96 (E) 0001019500141  GRANT,DOREEN           EDE  CHS  TUCSON REHAB CENTER
03/15/96 (A) 0001019500143  GRINTZ,DOUGLAS         JAS  CHS  TUCSON REHAB CENTER
             0001019500173  ADAMS,DANIELLE         MM   CHS  TUCSON REHAB CENTER
03/28/96 (E) 0001019500179  CARTER,MEGAN           CDA  CHS  TUCSON REHAB CENTER
             0001019500180  CARTRIGHT,LENA         CDA  IHS  TUCSON REHAB CENTER
05/21/96 (A) 0001019500204  HANCOCK,JOSEPH         MM   OTH  TUCSON REHAB CENTER
05/30/96 (E) 0001019500281  ADAMS,JENNIFER         EDE  CHS  TUCSON REHAB CENTER
06/01/96 (A) 0001019500319  GRANT,ABE              EDE  OTH  TUCSON REHAB CENTER
             0001019500329  LOPEZ,JUAN             JAS  CHS  TUCSON REHAB CENTER
             0001019500330  KLUTZ,BOB              JAS  CHS  TUCSON REHAB CENTER
05/13/96 (A) 0001019500343  KENNEDY,ANITA         EDE  CHS  TUCSON REHAB CENTER
05/20/96 (A) 0001019500356  SMITH,MAUDE           EDE  IHS  TUCSON REHAB CENTER

FACILITY REFERRED TO:  ABBEY MEDICAL/ABBEY RENTS
02/01/96 (E) 0001019500112  GRANT,ABE              BD   CHS  ABBEY MEDICAL/ABBEY
                                                             DR. SMITH
05/01/96 (A) 0001019500296  MILLER,BILL           BD   CHS  ABBEY MEDICAL/ABBEY
04/01/96 (A) 0001019500303  THATCH,ELLEN         EDE  CHS  ABBEY MEDICAL/ABBEY
                                                             DR. JONES
04/01/96 (A) 0001019500305  WINFREY,OPRAH        EDE  CHS  ABBEY MEDICAL/ABBEY
                                                             DR. JONES
04/23/96 (A) 0001019500309  TUCKER,JOHN          EDE  CHS  ABBEY MEDICAL/ABBEY
05/05/96 (A) 0001019500317  THORNTON,BEN         BD   CHS  ABBEY MEDICAL/ABBEY
             0001019500401  ENOS,DON              EDE  IHS  ABBEY MEDICAL/ABBEY

FACILITY REFERRED TO:  PHOENIX IND MED CTR FAC
06/01/96 (A) 0001019500055  ADAMS,ROSEANNE        SPG  IHS  PHOENIX IND MED CTR
11/14/95 (E) 0001019500075  BURR,JOANNE           ACC  IHS  PHOENIX IND MED CTR
             0001019500093  CARO,MARIA            ACC  IHS  PHOENIX IND MED CTR

RUN TIME (H.M.S): 0.0.0
End of report.  HIT RETURN:
```

ARP Active Referrals by Requesting Provider

This report will list all active referrals by the requesting provider at your facility. Active referrals are those that have not yet been closed. You may list the referrals by a single provider that you specify or by all providers. An (A) or (E) following each date of service indicates whether the date is actual or estimated. You may print the output or browse it on the screen.

```
          ********** CONFIDENTIAL PATIENT INFORMATION **********
                        SELLS HOSPITAL/CLINIC                      Page 1
                  ACTIVE REFERRALS BY REQUESTING PROVIDER

                                                    REF
BEGIN D.O.S  REFERRAL #     PATIENT NAME            PROV TYPE FACILITY REFERRED TO
-------------------------------------------------------------------------------

REQUESTING PROVIDER:  JOHNSON,MARTY
01/06/96 (A) 0001019500143  GRANT,DOREEN            MAJ  CHS  TUCSON REHAB CENTER
02/20/96 (E) 0001019500173  ADAMS,DANIELLE          MAJ  OTH  TUCSON REHAB CENTER
02/21/96 (E) 0001019500179  CARTER,MEGAN            MAJ  CHS  CARDIO ASSOCIATES
05/12/96 (E) 0001019500180  CECIL,LOURDES          MAJ  IHS  ALLIED ALLERGY
05/28/96 (A) 0001019500201  KETCHUP,MITCHELL       MAJ  CHS  TMC FAMILY MEDICAL C
                                                              DR. JONES
             0001019500204  HANCOCK,JOSEPH         MAJ  IHS  <UNKNOWN>
03/19/96 (A) 0001019500275  KENNEDY,ANITA          MAJ  CHS  TMC FAMILY MEDICAL C
                                                              DR. JONES
05/20/96 (E) 0001019500352  ENOS,DON               MAJ  CHS  TMC FAMILY MEDICAL C
05/20/96 (A) 0001019500354  ADAMS,JENNIFER         MAJ  IHS  PHOENIX IND MED CTR
05/20/96 (E) 0001019500361  MILLER,MELANIE         MAJ  CHS  TMC FAMILY MEDICAL C
05/22/96 (A) 0001019500380  JOHNSON,IRENE          MAJ  CHS  TMC FAMILY MEDICAL C
                                                              RADIOLOGY

REQUESTING PROVIDER:  CURTIS,ARTHUR NP
06/01/96 (A) 0001019500095  KENNEDY,KELSEY         ACC  IHS  PHOENIX IND MED CTR
                                                              NEW,OTHER PROVIDER
05/01/96 (A) 0001019500220  KETCHUP,LOIS          ACC  CHS  TMC FAMILY MEDICAL C

REQUESTING PROVIDER:  CURTIS,CLAYTON
11/14/95 (E) 0001019500075  BURR,JOANNE           CC   IHS  PHOENIX IND MED CTR
02/01/96 (A) 0001019500093  RITZ,ROBERT           CC   IHS  PHOENIX IND MED CTR
02/06/96 (A) 0001019500135  ROBERTS,DIANE MARIE   CC   CHS  TMC FAMILY MEDICAL C
                                                              DR. JOE
02/14/96 (E) 0001019500192  GRANT,DOREEN          CC   CHS  ST MARY'S IMAGING CE
                                                              DR. JONES
03/15/96 (E) 0001019500197  CARTER,ROBIN          CC   IHS  ST FRANCIS HOSPITAL

RUN TIME (H.M.S): 0.0.0
End of report.  HIT RETURN:
```

CHD CHS Denied Still Active

This menu option prints a list of all referrals that were denied by CHS but are still active. The referrals in this report may include those that have been or should be referred under some other mechanism; for example, using alternative resources or referred to another IHS facility.

```
          ********** CONFIDENTIAL PATIENT INFORMATION **********
                            SELLS HOSPITAL/CLINIC                    Page 1
                        CHS REFERRALS DENIED STILL ACTIVE

REF DATE   PATIENT NAME          HRN       PROV  FACILITY REF TO
-------------------------------------------------------------------------------
12/4/95    KENNEDY,KELSEY        SE100119  EDE   TMC FAMILY MEDICAL CENTER
           SURGERY
01/14/96   STEWART,MARTIN        SE179585  SPG   UNIVERSITY MEDICAL CENTER
           EVALUATION
02/10/96   NAVRATILOVA,MARTHA    SE100857  DEM   CARDIOLOGY ASSOCIATES
           ROUTINE EXAM
02/15/96   THATCHER,BECKY        SE109375  MCR   ALLIED PLASTIC SURGEONS
           SCAR REMOVAL
03/12/96   SAWYER,TOM            SE105924  LEU   ASSOCIATED ALLERGY
           INITIAL EVALUATION
03/15/96   RODRIGUEZ,KAREN       SE101456  ROC   FAMILY PLANNING CENTER
           ROUTINE VISIT
05/18/96   YASMIN,DIANE          SE1098456 EDE   COMMUNITY MENTAL HEALTH CENT
           CONTINUING THERAPY
06/30/96   WALTERS,NICK          SE1034545 SPG   RANDOLPH OCCUPATIONAL THERAP
           REHABILITATION SERVICES
```

CHPD CHS Paid

This report prints a list of all active CHS referrals for which one or more authorizations have already been paid.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                          SELLS HOSPITAL/CLINIC                      Page 1
             ACTIVE CHS REFERRALS WHERE ALL AUTHORIZATIONS PAID

REF DATE   PATIENT NAME          HRN       PROV  FACILITY REF TO
-------------------------------------------------------------------------------

12/14/95  CHEE,JIM              SE102156   CCC   CARDIOLOGY ASSOCIATES
          EVALUATION
01/28/96  LONG,JAMES            SE175145   COT   DERMATOLOGY SPECIALISTS
          OUTPATIENT SURGERY
02/12/96  RUTHERFORD,BERNARD    SE134957   MED   CARDIOLOGY ASSOCIATES
          EVALUATION
02/18/96  GREENJEANS,MARTHA     SE109375   MCR   ASSOCIATED ALLERGY
          ALLERGY TREATMENT
03/24/96  FINN,ALEXANDER        SE102547   LUT   UNIVERSITY MEDICAL CENTER
          SURGERY
03/25/96  ROCKFORD,MELINDA      SE115498   MLE   COUNSEL AND PSYCH SERVICES
          COUNSELING SESSION
05/4/96   GRIFFIN,MELANIE       SE109265   KTY   TUCSON REHAB CENTER
          REHAB AFTER ACCIDENT
06/21/96  HARRISON,WAYNE        SE1058326  SPG   COMMUNITY MEDICAL CENTER
          PRE-OP TESTING
```

CHPE CHS Pending

The CHPE menu option prints a list of all CHS referrals awaiting CHS authorization. This report is useful for the CHS Office to review all those referrals that still require their decision.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                            SELLS HOSPITAL/CLINIC                      Page 1
                        CHS REFERRALS PENDING APPROVAL

REF DATE   PATIENT NAME          HRN       PROV  FACILITY REF TO
-------------------------------------------------------------------------------
10/30/95  KENNEDY,ANITA         SE104078   EDE   TMC FAMILY MEDICAL CENTER
          SURGERY
10/31/95  ADAMS,BARNEY          SE101988   EDE   TUCSON REHAB CENTER
          PHYSICAL THERAPY
11/15/95  KARMEL,ANDREW         SE120078   EDE   TMC FAMILY MEDICAL CENTER
          MRI
1/8/96    THATCHER,BECKY        SE256356   BD    TMC FAMILY MEDICAL CENTER
          CARDIO EVAL
1/30/96   GRANT,ABE             SE101770   BD    ABBEY MEDICAL/ABBEY RENTS
          FITTING FOR WHEELCHAIR
2/5/96    WHEELWRIGHT,MANDY     SE100006   EDE   TMC FAMILY MEDICAL CENTER
          SURGERY
2/12/96   MONA,LISA             SE256970   EDE   ALLIED ALLERGY
          TESTING
3/4/96    THOMPSON,GRETA        SE256153   EDE   TMC FAMILY MEDICAL CENTER
          SURGERY
3/18/96   GREEN,STEWART         SE256794   EDE   CARDIO ASSOCIATES
          EVALUATION
```

INHC Tally of In-House Referrals by Clinic

The INHC report provides a count of all in-house referrals by the clinic to which the patient was referred. You will enter a beginning and ending referral date for the report. Data may be generated for one specific clinic that you specify or for all clinics at your facility.

```
                                                    Jun 12, 1996     Page 1
                IN-HOUSE REFERRALS BY CLINIC
             REFERRAL DATE RANGE: Jun 01, 1995 to Jun 06, 1996

CLINIC REFERRED TO  PROVIDER REFERRED FROM        NUMBER
-------------------------------------------------------------------------------

GENERAL
                    ENOS,DON                        3
                    SAWYER,THOMAS                   4

Total for GENERAL                                   7


OBESITY
                    BUTCHER,LORI ANN                1

Total for OBESITY                                   1


DIABETES
                    BERNHARDT,SANDRA                6
                    SENDER,JERRY                    4

Total for DIABETES                                 10


DENTAL
                    MARTIN,DEAN                     1

Total for DENTAL                                   1


RUN TIME (H.M.S): 0.0.1
End of report.  HIT RETURN:
```

INHP Tally of In-House Referrals by Provider

This report displays a count of all in-house referrals by provider of service. You will enter a beginning and ending referral date for the report. Then you will select to print referrals for all providers or a single provider that you specify.

```
                                                    Jun 07, 1996     Page 1
                    IN-HOUSE REFERRALS BY PROVIDER
                REFERRAL DATE RANGE: Jan 01, 1995 to Jun 07, 1996

PROVIDER                    CLINIC REFERRED TO            NUMBER
-------------------------------------------------------------------------------

BUTCHER,LORI ANN
                            OBESITY                           1

Total for BUTCHER,LORI ANN                                    1

ENOS,DON
                            GENERAL                           3

Total for ENOS,DON                                            3

RUN TIME (H.M.S): 0.0.2
End of report.  HIT RETURN:
```

OUT Referrals Initiated at an Outside Facility

The OUT report lists all referrals that were initiated at an outside facility. You will be prompted to enter the beginning and ending date of referral initiation for the report.

The sample below lists referrals initiated from an outside facility for the period July 1 to July 31, 1997.

```
RCIS REFERRAL LIST                                    AUG  03,1997  10:56    PAGE 1
-------------------------------------------------------------------------------

           DATE INITIATED: JUL 2,1997

DATE INITIATED: JUL 2, 1997             REFERRAL #: 0001019700369
  PATIENT: MILLER,ANITA                 TYPE: CHS
  REQUESTING FACILITY: SELLS HOSPITAL/CLINIC
  TO PRIMARY VENDOR: TMC FAMILY MEDICAL CENTER
  PRIMARY PAYOR: IHS
  ICD DIAGNOSTIC CATEGORY: INJURIES AND POISONINGS
  CPT SERVICE CATEGORY: NONSURGICAL PROCEDURES
  INPATIENT OR OUTPATIENT: OUTPATIENT   STATUS OF REFERRAL: CLOSED-COMPLETED
  DATE CLOSED: AUG 04, 1997             CASE MANAGER: ENOS,DON
  CLOSED BY USER: MARTIN,MARY           CREATED BY USER: MARTIN,MARY
  DATE CREATED: JUL 2, 1997             DATE LAST MODIFIED: AUG 4, 1997
  PRIORITY: 3                           SEND ADDITIONAL MED INFO: NO
  FINAL TOTAL REFERRAL COST: 333        FINAL IHS REFERRAL COST: 333

RCIS REFERRAL LIST                                    AUG  03, 1997@10:56    PAGE 2
-------------------------------------------------------------------------------

            DATE INITIATED: JUL  29,1997

DATE INITIATED: JUL 29, 1997            REFERRAL #: 0001019700396
  PATIENT: VON RICHTOFEN,CARY           TYPE: CHS
  REQUESTING FACILITY: SELLS HOSPITAL/CLINIC
  TO PRIMARY VENDOR: TMC FAMILY MEDICAL CENTER
  PRIMARY PAYOR: IHS
  ICD DIAGNOSTIC CATEGORY: INJURIES AND POISONINGS
  CPT SERVICE CATEGORY: OPERATIONS/SURGERY
  INPATIENT OR OUTPATIENT: INPATIENT    STATUS OF REFERRAL: ACTIVE
  CREATED BY USER: VOLANTE,SHELLEY      DATE CREATED: JUL 29, 1997
  DATE LAST MODIFIED: JUL 29, 1997      PRIORITY: 1
  SEND ADDITIONAL MED INFO: NO          ESTIMATED TOTAL REFERRAL COST: 15000
  ESTIMATED IHS REFERRAL COST: 15000    EXPECTED BEGIN DOS: JUL 21, 1995
  EXPECTED END DOS: JUL 25, 1995        INP ESTIMATED LOS: 4
  CHS APPROVAL STATUS: PENDING          PURPOSE OF REFERRAL: MVA
  DATE/TIME CHANGED: JUL 29, 1997@11:09:28
  NEW VALUE: PENDING
  EXP NAME: VON RICHTOFEN,CARY          EXP HRN: 100720
  EXP DOB: FEB 08, 1933                 EXP SSN: 021740217
  EXP SEX: M                            EXP VENDOR: TMC FAMILY MEDICAL CENTER
  EXP MCARE ELIGIBLE: NO                EXP MCAID ELIGIBLE: NO
  EXP PI ELIGIBLE: NO                   EXP FACILITY: SELLS HOSPITAL/CLINIC
  EXP ASUFAC: 000101
```

RRR Referral Review Report by Time Period

The Referral Review report displays a list of referrals that were initiated within a specified time frame. Detailed information about each of the referrals is included in the report. This report is useful for the CHS or Managed Care Committee to review referrals initiated at your facility.

You will enter a date range indicating the dates on which the referrals were generated. You may print the output or browse it on the screen.

```
             ********** CONFIDENTIAL PATIENT INFORMATION **********
                          SELLS HOSPITAL/CLINIC                      Page 1
                     **WEEKLY CHS REVIEW LISTING BY DATE**
--------------------------------------------------------------------------------
BUTCHER,LORI ANN                SE345      DOB: Jun 21, 1957  38 YRS  177882222
Tribe: TOHONO O'ODHAM NATIO     Req Provider: CURTIS,CLAYTON
3RD Party:
Refer To: TMC FAMILY MEDICAL C
Primary Payor: IHS
Inpatient Admission Date:  08/14/95 (A)      LOS: 4 (A)
Purpose:
     Evaluation and monitoring.
Dx:       250.00    - DM UNCOMPL/T-II/NIDDM,NS UNCON
Srv Cat:  EVALUATION AND/OR MANAGEMENT
Priority:   CHS Prelim Review: PENDING  MCC Action:
--------------------

COOPER,LISA                     SE256419   DOB: Jun 24, 1953  63 YRS  000170001
Tribe: TOHONO O'ODHAM NATIO     Req Provider: LUKACS,BOB
3RD Party:  MEDICARE  MEDICAID: AHCCCS-IHS  BLUE CROSS/BLUE SHIELD
Refer To: IHS CARDIOLOGY
Primary Payor: OTHER
Outpatient Services requested for: 09/18/95 (A) # of Visits: 1
Purpose:  THOROUGH EVALUATION
Priority:   CHS Prelim Review: PENDING  MCC Action:
--------------------

THATCHER,BECKY                  SE256      DOB: Jan 01, 1933  63 YRS  000170001
Tribe: TOHONO O'ODHAM NATIO     Req Provider: LUKACS,BOB
3RD Party:  MEDICARE  MEDICAID: AHCCCS-IHS  BLUE CROSS/BLUE SHIELD
Refer To: SAN XAVIER HEALTH CE
Primary Payor: IHS
Outpatient Services requested for: 09/20/95 (A) # of Visits: 1
Purpose:  MONITORING
Dx:       250.00    - DM UNCOMPL/T-II/NIDDM,NS UNCON
          401.9     - HYPERTENSION NOS
          250.43    - DM RENAL MANIF/T-I/IDDM,UNC
Priority: 5  CHS Prelim Review: PENDING  MCC Action:
--------------------
RUN TIME (H.M.S): 0.0.1
End of report.  HIT RETURN:
```

Case Management Reports

The Case Management Reports group includes report options for reviewing records of patients who are currently receiving referred services, identifying patients with high and potentially high costs of care, and tracking the receipt of discharge and consultation summaries.

The following reports are available from the Case Management Reports menu.

```
              ******************************************
              *          INDIAN HEALTH SERVICE         *
              *     REFERRED CARE INFORMATION SYSTEM   *
              *        VERSION 1.0, May 07, 1997       *
              ******************************************
                          SELLS HOSPITAL/CLINIC
                        Case Management Reports


ILOG   Inpatient Log
AHDC   Area Hospital Discharges
OLOG   Outpatient Referral Log
HCU    List of High Cost Users
HCTX   Potential High Cost Cases
TDL    Timeliness of Receiving Disch/Consult Summary
DCNR   Patients for Whom Disch/Consult Summary Not Rec'd
TLOG   Transfer Log
OTL    Outlier Report
```

ILOG Inpatient Log

The Inpatient Log prints a list of patients who are currently receiving inpatient treatment at outside facilities to which they were referred. To be included on this list, the patient's referral must meet the following criteria:

- It is an inpatient referral.
- The beginning date of service is today or earlier.
- The actual end date of service is blank, or today's date or later.
- The status of the referral is active.

You may select to sort the output by the facility to which the patient was referred, case manager, or patient name. You have the option of printing a separate page for each category. A detailed report or a summary report can be printed. A sample of the detailed report is shown below. The summary report prints only the patient's name, health record number, date of birth, facility referred to, provider, admit date, and purpose of referral for each patient.

The report may be printed or reviewed on the screen. Note that if you select the summary report, it should be printed on a printer capable of producing condensed print. The following sample report is a detailed report that lists patients by the facility to which they were referred.

```
            ********** CONFIDENTIAL PATIENT INFORMATION **********
                           SELLS HOSPITAL/CLINIC                      Page 1
                           INPATIENT REFERRAL LOG
--------------------------------------------------------------------------------

FACILITY REFERRED TO:  UNIVERSITY MEDICAL CENTER

Name:       ROBERTS,DIANE MARIE   HRN: SE100018   DOB:  May 11, 1897   99
Tribe:      GILA RIVER PIMA MARI  3RD Party Elig:
Case Man:   ENOS,DON              NRD:

Facility:   UNIVERSITY MEDICAL    Provider:
Adm Date:   12/26/95 (E)          LOS: 3 (E)      LOS to date:  5
Purpose:    SURGERY
Dx Cat:     PREVENTIVE HEALTH CARE
Srv Cat:    OPERATIONS/SURGERY
--------------------

FACILITY REFERRED TO:  ST MARYS HOSPITAL

Name:       GRANT,ABE             HRN: SE101770   DOB:  May 24, 1986   10
Tribe:      TOHONO O'ODHAM NATIO  3RD Party Elig:  MEDICAID  PRVT INS
Case Man:   ENOS,DON              NRD:

Facility:   ST MARYS HOSPITAL     Provider:
Adm Date:   05/01/96 (A)          LOS: 3 (E)      LOS to date:  4
Purpose:    EVALUATION
Dx:         398.91  - RHEUMATIC HEART FAILURE
Proc:       01502   - ANESTH, LOWERLEG EMBOLECTOMY
--------------------
```

AHDC Area Hospital Discharges by Date

This discharge report prints a list of discharged patients by the ending date of service for all inpatient referrals. You will enter a beginning and ending date of discharge for the report and then select the detailed or summary report. The detailed report, shown below, prints a separate page for each referral and includes any discharge comments that have been entered. The summary report prints a continuous list with the same information as the detailed report except the discharge comments are not included. Note that the summary report should be printed on a printer capable of producing condensed print.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                          SELLS HOSPITAL/CLINIC                      Page 1
                    **AREA HOSPITAL DISCHARGES BY DATE**

Pt Name/Purpose       Rec #     Age    Referral #   Community    Fac. Ref To
-------------------------------------------------------------------------------

CLINTON,KARLA         SE50006  27 YRS 0001019500048  TUCSON      UNIVERSITY MEDI
APPENDECTOMY          Admit Dt:  10/08/96 (A)-Disch Dt: 10/10/96 LOS: 2 (A)

Case Review Comments: 10/10/95
          PT DOING WELL. ADVISED TO FOLLOW UP WITH CLINIC VISIT IN 10 DAYS.

Discharge:


           ********** CONFIDENTIAL PATIENT INFORMATION **********
                          SELLS HOSPITAL/CLINIC                      Page 2
                    **AREA HOSPITAL DISCHARGES BY DATE**

Pt Name/Purpose       Rec #     Age    Referral #   Community    Fac. Ref To
-------------------------------------------------------------------------------

MUSTARD,LENORE        SE100775 56 YRS 0001019500053  VAMORI      PHOENIX IND MED
HYSTERECTOMY          Admit Dt:  10/12/96 (A)-Disch Dt: 10/16/96 LOS: 4 (A)

Discharge:


          ********** CONFIDENTIAL PATIENT INFORMATION **********
                          SELLS HOSPITAL/CLINIC                      Page 3
                    **AREA HOSPITAL DISCHARGES BY DATE**

Pt Name/Purpose       Rec #     Age    Referral #   Community    Fac. Ref To
-------------------------------------------------------------------------------

THATCHER,BECKY        SE50003  64 YRS 0001019500475  SELLS       TMC FAMILY MEDI
TONSILLECTOMY              Admit Dt:  06/05/96 (A)-Disch Dt: 6/07/96 LOS: 2 (A)

Discharge:  PATIENT WAS RELEASED 6/7/96 IN GOOD HEALTH.

RUN TIME (H.M.S): 0.0.1
End of report.  HIT RETURN:
```

OLOG Outpatient Referral Log

This report prints a list of patients who are currently referred for outpatient services at an outside referral facility. Only those referrals for which services are not yet complete are included. For a referral to be considered *currently referred*, it must meet the following criteria:

- It is an outpatient referral.
- The actual or estimated beginning date is today or earlier.
- The actual end date of service is blank, or today's date or later.
- The status of the referral is active.

You may sort the report by the facility to which the patient was referred, case manager, or patient name. If desired, each sort category can be printed on a separate page. The sample report below lists patients by case manager.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                          SELLS HOSPITAL/CLINIC                    Page 1
                          OUTPATIENT REFERRAL LOG

REF DATE   PATIENT NAME          HRN       PROV  FACILITY REF TO    D.O.S.
--------------------------------------------------------------------------------

2/14/96   CARTER,ROBIN          SE100286   ACC   ST FRANCIS HOSPI  3/15/96 (E)
     # Visits:  12  Type: IHS (ANOTHER FACILITY)  Case Manager: ENOS,DON
      ROUTINE PRENATAL CARE

2/14/96   KETCHUP,MITCHELL      SE100315   EDE   TMC FAMILY MEDIC  2/17/96 (E)
     # Visits:  4   Type: CHS FACILITY            Case Manager: ENOS,DON
     SURGERY

2/14/96   HANCOCK,JOSEPH        SE100401   EDE   ST JOSEPH'S HOSP  2/14/96 (E)
     # Visits:  1   Type: CHS FACILITY            Case Manager: ENOS,DON
     SURGERY

5/23/96   ADAMS,YOLANDA         SE100867   TMJ   TMC FAMILY MEDIC   6/1/96 (A)
     # Visits:  1   Type: CHS FACILITY            Case Manager: JARLAND,TONI M
      PRENATAL CARE

5/30/96   SMITH,MARY         SE100867   TMJ   SELLS HOSPITAL/C  6/1/96 (A)
     # Visits:  1   Type: IHS (ANOTHER FACILITY)  Case Manager: JARLAND,TONI M
     SURGERY


RUN TIME (H.M.S): 0.0.1
End of report.  HIT RETURN:
```

HCU List of High Cost Users

The HCU report option lists all patients who have incurred costs from referrals that exceed the amount you specify during a selected time period. This report includes the number of referrals that each of these patients has received and the total cost of service for those referrals during the time period. You will specify a beginning and ending referral date range. Then you will enter a minimum dollar amount for the cost of services. Any user whose total service costs equal or exceed the amount you have specified will be considered a high-cost user and will be included in the report.

You may choose to evaluate patients based on IHS cost or total cost of care. In cases where actual costs are available, those costs will be reported. If actual costs are unavailable, the estimated costs entered will be used. You may print the output or browse it on the screen.

The following sample report lists patients whose IHS costs for referred services are equal to or greater than $1,000.

```
********** CONFIDENTIAL PATIENT INFORMATION **********
                    SELLS HOSPITAL/CLINIC                    Page 1
              HIGH COST USERS - using IHS COST

PATIENT NAME                  HRN        DOB        SEX  # REFS  TOTAL COST
-------------------------------------------------------------------------------
ADAMS,ANDY                   SE101926    1/3/89      F       2     $4,000.00
ADAMS,DEE                    SE100572    2/27/63     F       1    $10,000.00
ADAMS,JENNIFER               SE100044    7/19/31     F       9     $2,200.00
BUTCHER,LORI ANN             SE345907    6/21/57     F       1     $2,000.00
CARPENTER,HANNAH             SE100150    1/3/23      F       2     $2,000.00
CARTER,MEGAN                 SE100117    3/18/52     F       6     $3,000.00
ENOS,DON                     SE100041    3/5/41      M      13    $20,400.00
GRANT,ABE                    SE101770    5/24/86     M      11     $8,499.00
GRANT,DOREEN                 SE100321    1/1/21      F       7     $8,900.00
HANCOCK,JOSEPH               SE100401    6/17/60     M       6    $10,000.00
KENNEDY,ANITA                SE100078    1/3/86      F       8    $10,700.00
KENNEDY,KELSEY               SE100119    1/19/43     F       2     $3,000.00
KETCHUP,LOIS                 SE100022    1/1/87      F       1     $8,000.00
LINCOLN,DON                  SE100081    10/27/45    M       2     $2,000.00
MILLER,MELANIE               SE100294    5/10/45     F       2     $3,000.00
ROBERTS,DIANE MARIE          SE100018    5/11/97     F       7     $2,700.00
SMITH,BOB                    SE101846    2/4/88      M       2     $1,000.00
THATCHER,BECKY               SE256897    1/1/33      F      15    $26,450.00
WASHINGTON,JOAN              SE100050    10/25/25    F       2    $10,000.00
WHEELWRIGHT,MANDY            SE100006    1/1/70      F       2    $10,000.00

RUN TIME (H.M.S): 0.0.0
End of report.  HIT RETURN:
```

HCTX Potential High Cost Cases

The HCTX report lists patients who potentially have a high cost of care. A taxonomy of potentially high-cost diagnoses and procedures in the RCIS determines which patients appear in this report. Since no taxonomy can accurately identify all cases that are going to incur high costs, many of the cases in the report will not result in high costs.

You will enter beginning and ending referral dates that indicate when the referrals were initiated. You may print the output or browse it on the screen

Note: This report is not available to facilities that do not enter full diagnosis coding for referrals.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                          SELLS HOSPITAL/CLINIC                      Page 1
               POTENTIAL HIGH COST CASES - BASED ON DIAGNOSIS

                                                    REF
BEGIN D.O.S. ST  HRN        PATIENT NAME            PROV TYPE FACILITY REFERRED TO
-------------------------------------------------------------------------------
A   SE100572   ADAMS,DEE            ACC  CHS  TMC FAMILY MEDICAL C
                                                         DR. JONES
Purpose:
Dx:         432.0   - NONTRAUM EXTRADURAL HEM
Proc:       90200   - HOSPITAL CARE, NEW, BRIEF
--------------------

02/01/96 (E) A   SE101770   GRANT,ABE            BD   CHS  TMC FAMILY MEDICAL C
                                                         DR. JONES
Purpose:    Hospitalization
Dx:         800.00  - CLOSED SKULL VAULT FX
Proc:       10160   - PUNCTURE DRAINAGE OF LESION
--------------------

06/01/96 (A) A   SE101770   GRANT,ABE            EDE  OTH  St. Mary's Hospital
Purpose:
Dx:         284.0   - CONSTITUTIONAL APLASTIC ANEMIA
Srv Cat:    EVALUATION AND/OR MANAGEMENT
--------------------

03/19/96 (A) A   SE100078   KENNEDY,ANITA        --   CHS  TMC FAMILY MEDICAL C
                                                         DR. JONES
Purpose:
Dx:         432.0   - NONTRAUM EXTRADURAL HEM
Proc:       90200   - HOSPITAL CARE, NEW, BRIEF
--------------------

RUN TIME (H.M.S): 0.0.3
End of report.  HIT RETURN:
```

TDL Timeliness of Receiving Discharge/Consult Summary

The TDL report tabulates the timeliness with which discharge letters are received from facilities to which patients have been referred. The report includes the total number of referrals to each outside provider and the number of discharge summaries received within the date range you specify. Also tabulated are the number of discharge summaries/letters received within 1 month of discharge, within 2-3 months, within 4-6 months, and greater than 6 months.

You will enter a beginning and ending date range for the referral activity. You may print the report or browse the output on the screen.

```
                          SELLS HOSPITAL/CLINIC                          Page 1
                TIMELINESS OF RECEIPT OF DISCHARGE LETTERS
                           BY REFERRAL FACILITY
        REFERRAL INITIATED DATE RANGE:  May 15, 1996 to May 30, 1996

                         TOTAL  NOT YET        RECEIVED WITH (#MONTHS)
REFERRAL FACILITY        REFS  RECD*      <1        1-3        4-6        >6
                           N      N     N    %     N    %     N    %     N    %
-------------------------------------------------------------------------------
<UNKNOWN>                  2      2     0   0      0   0      0   0      0   0
NEW,OTHER PROVIDER         1      1     0   0      0   0      0   0      0   0
OTHER                      1      0     1 100      0   0      0   0      0   0
PHOENIX AO                 1      0     1 100      0   0      0   0      0   0
PHOENIX IND MED CTR FAC    2      0     2 100      0   0      0   0      0   0
SAN XAVIER HEALTH CENTE    3      0     3 100      0   0      0   0      0   0
ST MARY'S HOSPITAL-TUCS    1      1     0   0      0   0      0   0      0   0
TMC FAMILY MEDICAL CENT    5      2     2  40      1  20      0   0      0   0
UNIVERSITY MEDICAL CENT    1      1     0   0      0   0      0   0      0   0

* any referral with an ending service date of less than 31 days ago is excluded.

RUN TIME (H.M.S): 0.0.0
End of report.  HIT RETURN:
```

DCNR Patients for Whom Discharge/Consult Summary Not Received

This report prints a list of all referrals for which a discharge letter or consultation summary has not been received. All referral records, with or without an actual end date of service, and no discharge letter/consultation summary received are included in the report.

You will be prompted to specify the amount of time considered overdue for the discharge report. Enter the time in number of days. You can sort the report by the facility to which the patient was referred or by the amount of time that the discharge letter/consult summary is overdue. The output may be printed or browsed on the screen.

The sample report below lists the referrals by the facility to which the patient was referred.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                          SELLS HOSPITAL/CLINIC                      Page 1
         REFERRALS FOR WHICH MEDICAL/COST DATA HAS NOT BEEN RECEIVED

REF DATE   PATIENT NAME          HRN       PROV  FACILITY REF TO   BEG DOS.
-------------------------------------------------------------------------------

FACILITY REFERRED TO:  CARDIOLOGY ASSOCIATES

10/30/95  BURR,JOANNE           SE100185   ACC   CARDIOLOGY ASSOC  11/27/95 (A)
     Ending Date of Service:  Dec 25, 1995        Time Lapsed: 5 MOS
     Case Manager: ENOS,DON
     ICD Diagnosis Category:  CARDIOVASCULAR DISORDERS
     CPT Service Category:  DIAGNOSTIC IMAGING

FACILITY REFERRED TO:  TUCSON REHAB CENTER

10/30/95  ADAMS,BARNEY          SE101988   EDE   TUCSON REHAB CEN  10/28/95 (A)
     Ending Date of Service:  Oct 30, 1995        Time Lapsed: 7 MOS
     Case Manager: JONES,GEORGE
     ICD Diagnosis Category:  CONGENITAL ANOMALIES
     CPT Service Category:  EVALUATION AND/OR MANAGEMENT

FACILITY REFERRED TO:  PHOENIX AO

4/12/96   GRANT,ABE             SE101770   BD    PHOENIX AO        3/1/96 (A)
     Ending Date of Service:  Apr 01, 1996        Time Lapsed: 2 MOS
     Case Manager: STEWART,MARTHA
     ICD Diagnosis Category:  CEREBROVASCULAR DISORDERS
     CPT Service Category:  EVALUATION AND/OR MANAGEMENT

RUN TIME (H.M.S): 0.0.0
End of report.  HIT RETURN:
```

TLOG Transfer Log

This report lists detailed information for patients who are currently receiving treatment at outside referral facilities. To be included in this report, the referral must meet the following criteria:

- It is an inpatient referral.
- The beginning date of service is today or earlier.
- The expected end date of service is blank, or on or after today's date.
- The status of the referral is active.

The TLOG report prints a 1- to 2-page detailed summary record display for each referral. You may print the report or browse the output on the screen.

```
***** CONFIDENTIAL PATIENT INFORMATION ***** Referral Summary (TLOG)  Page 1
Report Run Date: Jun 07, 1996 8:43:09 am
--------------------------------------------------------------------------------

Name: ADAMS,ANDY      1/3/89   7 YRS   078190781       Ref #: 0001019500089
Tribe: TOHONO O'ODHAM NATIO  Tribal #: < ? >  SELLS
SE#: 101926
Referred To:  TMC FAMILY MEDICAL CENTER     Attending:
Referred By:  ENOS,DON
Beg DOS: Jun 03, 1996   Est LOS: 4   LOS to Date: 5
Purpose:
Primary Payor: PRIVATE

Name: ADAMS,JENNIFER      7/19/31   64 YRS   001370013 Ref #: 0001019500288
AKA'S: BURR,CHERYL
Tribe: TOHONO O'ODHAM NATIO  Tribal #: < ? >  RIPLEY
SE#: 100044  HID#: 100043  SX#: 100045
Referred To:  TMC FAMILY MEDICAL CENTER     Attending:
Referred By:  SHORR,GREG
Beg DOS: Jun 01, 1996   Est LOS: 2   LOS to Date: 7
Purpose: SURGERY
Primary Payor: IHS

Name: BURR,ANDY      1/15/79   17 YRS   048380483      Ref #: 0001019500311
AKA'S: BURR,BEN
Tribe: GROS VENTRE-3 AFF TR  Tribal #: < ? >  SELLS
SE#: 101527  PH#: 101525  HID#: 101526
Referred To:  TMC FAMILY MEDICAL CENTER     Attending:
Referred By:  CURTIS,CLAYTON
Beg DOS: Jun 06, 1996   Est LOS: 3   LOS to Date: 2
Purpose: Evaluation and treatment of pneumonia
Primary Payor: IHS
```

OTL Outlier Report

The Outlier Report generates a list of inpatients who have been hospitalized for longer than their estimated length of stay at facilities to which they were referred. The report includes any referral that meets the following criteria:

- It is an inpatient referral.
- The referral has a date of admission of today or earlier.
- The actual discharge date is blank.
- The status of the referral is active.
- The actual length of stay to date is greater than the estimated length of stay.

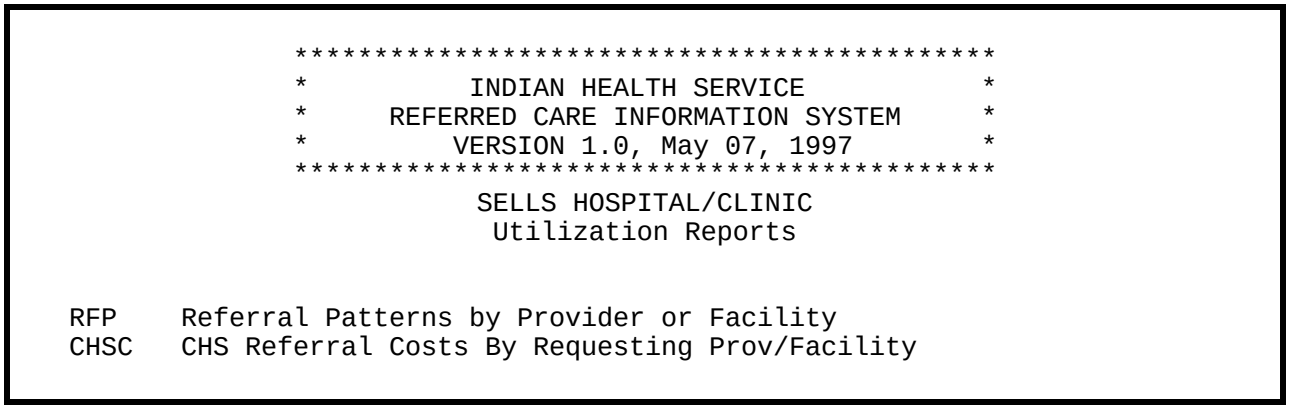
You may choose to sort the report by the facility to which the patient was referred, case manager, or patient name. The output may be printed or browsed on the screen.

Note: if the estimated length of stay for a referral has not been entered into the database, the referral will not display on this report.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                            SELLS HOSPITAL/CLINIC                    Page 1
                                OUTLIER REPORT
HRCN     DX CATEGORY/DX             ICD-9CM  ADM DATE    ACTUAL LOS    OUTLIER
--------------------------------------------------------------------------------

FACILITY REFERRED TO:  CARDIOLOGY ASSOCIATES

100018   PREVENTIVE HEALTH CARE               02/23/95 (E)   6        2
Purpose: EVALUATION AND/OR MANAGEMENT

         REVIEWED BY  TTL CASE REVIEW COMMENTS      3RD PARTY:  0     ELIG: C
         -------- --- --- -------------------
                          <No comments on file.>

100321   RESPIRATORY DISORDERS                02/26/96 (E)   3        2
Purpose: EVALUATION AND/OR MANAGEMENT

         REVIEWED BY  TTL CASE REVIEW COMMENTS      3RD PARTY:  0     ELIG: C
         -------- --- --- -------------------
         5/22/96          UNANTICIPATED COMPLICATIONS NECESSITATED A LENGTHIER
                          HOSPITAL STAY FOR THE PATIENT

FACILITY REFERRED TO:  ABBEY MEDICAL/ABBEY RENTS

RUN TIME (H.M.S): 0.0.3
End of report.  HIT RETURN:
```

Utilization Reports

Utilization reports provide a means for tracking the number of referrals initiated and the costs associated with those referrals. This information is presented by provider or facility for identifying the source of high referral rates and costs.



RFP Referral Patterns by Provider or Facility

This report displays referral patterns for each provider at your facility or for your entire facility. The report tabulates the total number of referrals initiated, the total number of each type of referral, and the rate of referrals per 100 PCC visits. Note that the rate of referral will be included only if you are utilizing the PCC. Canceled referrals are excluded from the report.

You will specify a date range during which the referrals were initiated. You may have the results reported by requesting provider or by requesting facility. The output may be printed or browsed on screen.

The following sample report shows referral patterns by the requesting provider.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                          SELLS HOSPITAL/CLINIC                        Page 1

                  REFERRAL PATTERNS BY REQUESTING PROVIDER

PROVIDER                # REFS    IHS  OTHER CHS   # PCC    TOTAL REF RATE
                        INITIATED REFS REFS  REFS  VISITS   PER 100 PCC VISITS
-------------------------------------------------------------------------------
ENOS,DON                    69     21    5    43     100           69
CURTIS,CLAYTON              24      7    2    15      46           52
LUKACS,BOB                   2      2                200            1
CHR,TRIBAL                   1      1                 23            4
SHORR,GREG                   3      2          1      18           17
CURTIS,ARTHUR NP             3      2          1     100            1
GRIFFITH,STANLEY P           3      1          2     100            3
DOUGLAS,BILL                 5      1    1     3      97            5
JARLAND,TONI M               2      1          1       6           33

RUN TIME (H.M.S): 0.0.9
End of report.  HIT RETURN:
```

CHSC CHS Referral Costs by Requesting Provider/Facility

The CHSC report displays CHS referral costs by requesting provider or referring facility. The report will include total number of referrals, total number of CHS referrals, total cost of CHS referrals, number of PCC visits, and CHS referral cost per 100 PCC visits. Note that the number of PCC visits and the referral cost per 100 PCC visits will be included only if you are utilizing the PCC. Canceled referrals are excluded from this report.

You will enter a beginning and ending referral date range and indicate whether the data is to be reported by requesting provider or requesting facility. You will also select to include either actual CHS costs or best available CHS costs. If you select actual costs, be aware that the costs are only those known to date. As subsequent bills are received and paid, the cost figures will increase. The best available CHS costs are based upon actual costs incurred plus estimated figures. The output may be printed or browsed on the screen.

The sample report below lists the best available CHS referral costs by requesting provider.

```
          ********** CONFIDENTIAL PATIENT INFORMATION **********
                          SELLS HOSPITAL/CLINIC                    Page 1

                CHS REFERRAL COSTS** BY REQUESTING PROVIDER

PROVIDER              # REFS     # CHS   TOTAL CHS  # PCC   CHS REF COST
                      INITIATED   REFS   REF COST   VISITS  PER 100 PCC VISITS
-------------------------------------------------------------------------------
ENOS,DON                 69        43    $78,799       0
CURTIS,CLAYTON           24        15    $18,935      46          41163
LUKACS,BOB                2                  $0       0
CHR,TRIBAL                1                  $0      23              0
SHORR,GREG                3         1     $2,000      18          11111
CURTIS,ARTHUR NP          3         1     $8,000       0
GRIFFITH,STANLEY P        3         2       $200       0
DOUGLAS,BILL              5         3     $5,650      97           5825
JARLAND,TONI M            2         1       $500       6           8333
LOPEZ,DIANA               2                  $0       0

** These costs are based on best available data (actual or estimates).
Actual completed costs may vary from this.


RUN TIME (H.M.S): 0.0.2
End of report.  HIT RETURN:
```

GEN RCIS General Retrieval

The RCIS General Retrieval is a very flexible report option that lists and/or counts patient referrals. This report option enables you to select which patients to include in the report, which data items to print, and how the data is sorted. Depending on the choices you make, you can generate a very specific report or a very general report. You may save the logic used to produce the report for future use.

If you design a report that is 80 characters or fewer in width, it can be displayed on your screen or printed. If your report is 81-132 characters wide, it must be printed and can only be printed on a printer capable of producing 132 character lines. Each report includes a cover page that details the user-defined criteria.

To begin generating a report using the General Retrieval option, you will need to indicate whether you are creating a new report or using logic that you saved from a previous report. You will select one of the following:

P A Previously Defined Report
N Create a New Report

If you are using a previously defined report, you will be prompted for the name of the report. Enter the name of the report and then select to print or browse the output.

If you are creating a new report, you will be presented with a referral selection menu to browse (see page 97 for the list). The action items available for browsing this menu are:

+ Next Screen	Q Quit Item Selection
– Previous Screen	R Remove Items
S Select Items	E Exit Report

Enter + and – at the Select Action prompt to review the selection items in the list. When you are ready to select items, press RETURN at the prompt to accept Select Items as the default value or enter "S." You can select patient referrals based on any combination of the data items in the list. Enter a list or a range of numbers at the next prompt; for example, 1-4,5,20 or 10,12,20,30. Then you will be prompted to define values for the items you chose, as applicable. For instance, if you selected age, you would be prompted to enter an age range.

After you have selected and defined the referral selection items, you will be returned to the referral selection item list. The items that you selected will be marked with an asterisk (*). You may add or remove items at this point, if needed, by entering "S" or "R." If you are finished making your selections, press Q to leave this screen and continue creating your report.

Next you will need to choose a report output. The following five output formats are available. Each of these formats is described in the following section.

- Total Count Only
- Sub-counts and Total Count
- Detailed Referral Listing
- Numeric Item Basic Statistics
- Referral Record Display

Total Count Only. This report output prints only a count of the total number of referrals that match your selection criteria. For the following sample, the selection criteria is patients 20 to 25 years old.

```
                    PCC MANAGEMENT REPORTS REFERRAL COUNT

Total COUNT of Referrals:  40

RUN TIME (H.M.S): 0.0.2
End of report.  HIT RETURN:
```

Sub-counts and Total Count. Selecting this format generates subtotals for each category of the sort criteria selected and a total count for the entire group of patients specified. For instance, in the sample report below, all patients between the ages of 20 and 25 were selected. Sex was chosen as the sorting variable. Subtotals of the number of referrals for males and females are printed, as well as the total number of referrals for the group and the total number of patients included in the group selected.

```
                              PCC REFERRAL LISTING                    Page 1
                           REFERRAL SUB-TOTALS BY:  Sex
--------------------------------------------------------------------------------

Sex:
          FEMALE                                    17
          MALE                                      23

Total Referrals:  40
Total Patients:  12

RUN TIME (H.M.S): 0.0.2
End of report.  HIT RETURN:
```

Detailed Referral Listing. The Detailed Referral Listing allows you to select the data items to print for each patient that matches your selection criteria. You will also select a variable for sorting the output. The total number of referrals and the total number of patients in the report is printed.

After selecting the Detailed Referral Listing for your output format, you will be prompted in separate steps for the print and sort criteria. (See page 98 for lists of the available data items.) Enter your choices in the same way that you entered the selection criteria (see page 92 for instructions on reviewing and selecting items in the list). After you select the print data items, you will need to specify the column width for each one by following the prompts. Finally, select to print the report or browse it on the screen. Remember that reports that are 81-132 characters wide must be printed on a printer capable of producing 132-character lines. Reports that are fewer than 80 characters wide may be viewed on the screen.

Finally, you will have the option of saving the report logic for future use. When you have completed the selections required for the report output you have chosen, you will be prompted with the message: Do you wish to SAVE this SEARCH/PRINT/SORT logic for future use? If you want to save the logic for use at a later date, respond “Yes” enter a name for the report. Otherwise, type “No” or press RETURN. The following sample report is based on the criteria listed below.

Referral Selection Criteria
Age: 10-40
Case Manager: ENOS,DON; JARLAND,TONI M

Print Field Selection

Case Manager (21)	Sex (4)
Patient Name (1)	Date Ref Initiated (15)
Chart # (2)	Requesting Provider (18)
Age (6)	

Referrals will be sorted by: Case Manager

```
PCC REFERRAL LISTING                                                Page 1
CASE MANAGER  NAME            HRN       AGE   SEX REFERRAL DAT REQUESTING
-------------------------------------------------------------------------

ENOS,DON      BUTCHER,LORI    SE345165  38    F  OCT 30, 1995  CURTIS,CLA
ENOS,DON      KENNEDY,ANITA   SE100078  9     F  OCT 30, 1995  SMITH,DON
ENOS,DON      KETCHUP,MITCH   SE100315  37    M  JAN 29, 1996  SHORR,GREG
ENOS,DON      GRANT,ABE       SE101770  9     M  JAN 30, 1996  DOUGLAS,B.
ENOS,DON      JONES,RAY       SE100228  40    M  FEB 06, 1996  SMITH,DON
ENOS,DON      KETCHUP,MITCH   SE100315  37    M  FEB 14, 1996  WORTH,M.
ENOS,DON      HANCOCK,JOE     SE100401  35    M  FEB 14, 1996  WORTH,M.
ENOS,DON      HANCOCK,JOE     SE100401  35    M  FEB 14, 1996  WORTH,M.
ENOS,DON      JOHNSON,MEGAN   SE100371  39    F  MAR 07, 1996  SMITH,DON
JARLAND,TONI  ADAMS,DEE       SE100572  33    F  APR 29, 1996  CURTIS,CLA
JARLAND,TONI  GRANT,ABE       SE101770  9     M  MAY 01, 1996  DOUGLAS,B.
JARLAND,TONI  JOHNSON,IRENE   SE100223  38    F  MAY 22, 1996  --
JARLAND,TONI  JONES,ELMER     SE100970  26    M  JUN 20, 1996  --
JARLAND,TONI  ADAMS,YOLANDA   SE100867  28    F  MAY 23, 1996  SHORR,GREG

Total Referrals:  14
Total Patients:  11

RUN TIME (H.M.S): 0.0.7
End of report.  HIT RETURN
```

Numeric Item Basic Statistics. This print option provides basic statistics (sum, count, mean, maximum, and minimum) for any one of the following numeric items:

1) Age
2) Actual Total Cost
3) Best Available Total Cost
4) Actual IHS Cost
5) Best Available IHS Cost
6) CHS Amount Authorized to Date
7) CHS IHS Paid to Date
8) CHS FI Total to Date
9) Best Available Inpatient LOS
10) Actual Inpatient LOS

You also have the option of selecting a sort variable from the standard sort list (see page 98) for the purpose of generating sub-totals and totals for all records selected. If you do not choose a sort variable, only one total for each of the statistics provided will be printed.

In the following sample report, all patients between the ages of 20 and 25 were selected. The numeric item selected was Best Available Total Cost and the sort variable was Primary Vendor. Note that subtotals are provided for each category of the sort variable. Grand totals are printed at the end of the report.

```
                              PCC REFERRAL LISTING                        Page 1
            BASIC STATISTICS FOR:  Best Avail TOTAL Cost BY Primary Vendor
------------------------------------------------------------------------------

     AA ALLERGY ASSOCIATES
          Total referrals selected                        6
          Total referrals w/Best Avail TOTAL Cost         6
          Sum                                     $2,872.00
          Mean                                      $478.67
          Maximum Value                           $1,500.00
          Minimum Value                              $50.00

     ABBEY MEDICAL/ABBEY RENTS
          Total referrals selected                        3
          Total referrals w/Best Avail TOTAL Cost         3
          Sum                                     $5,650.00
          Mean                                    $1,883.33
          Maximum Value                           $5,000.00
          Minimum Value                             $100.00

     TMC FAMILY MEDICAL CENTER
          Total referrals selected                        6
          Total referrals w/Best Avail TOTAL Cost         6
          Sum                                    $19,450.00
          Mean                                    $3,241.67
          Maximum Value                          $10,000.00
          Minimum Value                             $200.00

TOTALS
          Total referrals selected                       28
          Total referrals w/Best Avail TOTAL Cost        15
          Sum                                    $27,972.00
          Mean                                    $1,779.50
          Maximum Value                          $10,000.00
          Minimum Value                              $50.00

Total Referrals:  28
Total Patients:   8
```

Referral Record Display. This report output displays a detailed referral record, including diagnoses and procedures, for each patient referral that matches your selection criteria.

The following sample shows a referral record for one patient as it would appear on this report.

```
                                PCC REFERRAL LISTING                        Page 1
-------------------------------------------------------------------------------

Patient Name:               ADAMS,BARNEY
Chart #:                    101988
Date of Birth:              AUG 08, 1989
Sex:                        M

=============== REFERRAL RECORD ===============
DATE INITIATED:             OCT 30, 1995
REFERRAL #:                 0001019500064
PATIENT:                    ADAMS,BARNEY
TYPE:                       OTHER
REQUESTING FACILITY:        SELLS HOSPITAL/CLINIC
REQUESTING PROVIDER:        ENOS,DON
TO OTHER PROVIDER:          DR. MARTIN
FACILITY REFERRED TO        TMC FAMILY MEDICAL CENTER
PRIMARY PAYOR:              PRIVATE
ICD DIAGNOSTIC CATEGORY:    CONGENITAL ANOMALIES
CPT SERVICE CATEGORY:       EVALUATION AND/OR MANAGEMENT
INPATIENT OR OUTPATIENT:    OUTPATIENT
DAYS SINCE BEGIN DOS:       226
STATUS OF REFERRAL:         CLOSED-ACTION OCCURRED
DATE CLOSED:                OCT 30, 1995
CASE MANAGER:               ENOS,DON
PROVISIONAL DRG:            DRG1
CLOSED BY USER:             ENOS,DON
CREATED BY USER:            ENOS,DON
DATE CREATED:               OCT 30, 1995
DATE LAST MODIFIED:         OCT 30, 1995

PURPOSE OF REFERRAL:        THOROUGH EVALUATION BY PEDIATRIC SPECIALIST

NOTES TO SCHEDULER:         SCHEDULE ASAP

ESTIMATED COST:             125
ACTUAL COST:                123
ESTIMATED IHS COST:         5
ACTUAL IHS COST:            12
EXPECTED BEGIN DOS:         OCT 31, 1995
ACTUAL APPT/BEGIN DOS:      OCT 28, 1995
EXPECTED END DOS:           NOV 08, 1995
ACTUAL END DOS:             OCT 30, 1995

PERTINENT MED HX,LAB:

BUSINESS OFFICE:

DISCHARGE NOTES:
```

```
=============== RCIS DIAGNOSISs ===============
DIAGNOSIS:                  250.00
ICD NARRATIVE:              DM UNCOMPL/T-II/NIDDM,NS UNCON
TYPE:                       PROVISIONAL
PRI/SEC:                    PRIMARY
DIAGNOSIS NARRATIVE:

=============== RCIS PROCEDUREs ===============
PROCEDURE:                  10040
CPT NARRATIVE:              SURGERY
TYPE:                       PROVISIONAL
PRI/SEC:                    PRIMARY
PROCEDURE NARRATIVE:
```

Data Item Menus

The following Selection, Print, and Sort menus are available, depending on the report output you select. Refer to each report output description for details on using these menus.

Referral SELECTION Menu

1) Patient Name
2) Sex
3) Date of Birth
4) Age
5) Community
6) Tribe
7) Eligibility Status
8) Beneficiary Class
9) Medicare
10) Medicaid
11) Private Insurance
12) Any Third Party Coverage
13) Date Referral Initiated
14) Type of Referral
15) Requesting Facility
16) Requesting Provider
17) Status of Referral
18) Next Review Date
19) Case Manager
20) Inpatient/Outpatient
21) Primary Vendor
22) IHS Facility Referred To
23) To Other Provider
24) Primary Payor
25) Diagnostic Category
26) Service Category (CPT)
27) Local Category
28) Actual TOTAL Cost
29) Best Avail TOTAL Cost
30) Actual IHS Cost
31) Best Avail IHS Cost
32) CHS Amt Auth to Date
33) CHS IHS Paid to Date
34) CHS FI Total to Date
35) Reason not Completed
36) Cancellation Reason
37) CHS Approval Status
38) IHS Denial Reason
39) Best Avail Begin DOS
40) Actual Begin DOS
41) Best Avail END DOS
42) Actual END DOS
43) Best Avail Inpt LOS
44) Actual Inpt LOS
45) Best Avail DRG
46) Final DRG
47) Date Dsch Summary Recvd
48) Date Completed
49) Pertinent Med Hx
50) Best Avail DX Code
51) Final Dx Code
52) Best Avail Procedure
53) Final Procedure Code
54) Include IN-HOUSE Ref
55) Comments–Business Ofc
56) Priority Rating
57) Mgd Care Committee
58) Util Review Committee

PRINT Data Items Menu

1) Patient Name
2) Chart #
3) SSN
4) Sex
5) Date of Birth
6) Age
7) Community
8) Tribe
9) Eligibility Status
10) Beneficiary Class
11) Medicare
12) Medicaid
13) Private Insurance
14) Referral #
15) Date Ref Initiated
16) Type of Referral
17) Requesting Facility
18) Requesting Provider
19) Status of Referral
20) Next Review Date
21) Case Manager
22) Inpatient/Outpatient
23) Primary Vendor
24) Facility Referred To
25) IHS Facility Refer To
26) To Other Provider
27) Primary Payor
28) Diagnostic Category
29) Service Category (CPT)
30) Local Category
31) Actual TOTAL Cost
32) Best Avail TOTAL Cost
33) Actual IHS Cost
34) Best Avail IHS Cost
35) CHS Amt Auth to Date
36) CHS IHS Paid to Date
37) CHS FI Total to Date
38) Reason not completed
39) Cancellation Reason
40) CHS Approval Status
41) CHS Denial Reason
42) Best Avail Begin DOS
43) Actual Begin DOS
44) Best Avail END DOS
45) Actual END DOS
46) Best Avail Inpt LOS
47) Actual Inpt LOS
48) Best Avail DRG
49) Final DRG
50) Date Dsch Summary Recvd
51) Date Completed
52) Purpose of Referral
53) Pertinent Med Hx
54) Discharge Notes
55) Best Avail DX Code
56) Final Dx Code
57) Best Avail Procedure
58) Final Procedure Code
59) Comments–Case Review
60) Comments–Business Ofc
61) Priority Rating
62) Mgd Care Committee
63) Util Review Committee

Referral SORTING Criteria

1) Patient Name
2) Chart #
3) Sex
4) Date of Birth
5) Age
6) Community
7) Tribe
8) Eligibility Status
9) Beneficiary Class
10) Any Third Party Cover
11) Referral #
12) Date Ref Initiated
13) Type of Referral
14) Requesting Facility
15) Requesting Provider
16) Status of Referral
17) Next Review Date
18) Case Manager
19) Inpatient/Outpatient
20) Primary Vendor
21) Facility Referred To
22) IHS Facility Referred To
23) To Other Provider
24) Primary Payor
25) Diagnostic Category
26) Service Category (CPT)
27) Actual TOTAL Cost
28) Best Avail TOTAL Cost
29) Actual IHS Cost
30) Best Avail IHS Cost
31) CHS Amt Auth to Date
32) CHS IHS Paid to Date
33) CHS FI Total to Date
34) Reason Not Completed
35) Cancellation Reason
36) CHS Approval Status
37) CHS Denial Reason
38) Best Avail Begin DOS
39) Actual Begin DOS
40) Best Avail END DOS
41) Actual END DOS
42) Best Avail Inpt LOS
43) Actual Inpt LOS
44) Best Avail DRG
45) Final DRG
46) Date Dsch Summary Recvd
47) Date Completed
48) Priority Rating
49) Mgd Care Committee
50) Util Review Committee

Note: If you do not select a sort item, as applicable, the report will be sorted by Referral Date.

Delete General Retrieval Report Definition

This option on the Reports menu allows you to delete any report types that have been saved using the General Retrieval report generation tool. It is recommended that you delete saved report types that are no longer used.

As shown in the sample dialog below, you will be prompted to enter the name of the saved report type and then confirm the deletion. Remember that once a report type has been deleted, it may no longer be retrieved. A confirmation message appears after the report definition has been deleted.

```
This option enables the user to delete an RCIS General Retrieval report
definition.

REPORT NAME:  CKC TEST REPORT  CHVATAL,CHRISTINE-SEP 11, 1997@10:18:45
Are you sure you want to delete the CKC TEST REPORT report definition? N//YES

Report Definition CHVATAL,CHRISTINE-SEP 11, 1997@10:18:45 deleted.
```

Glossary

Access Code. A password used along with the verify code to provide secure user access. The access code must be entered by the user prior to using the RPMS.

Browser. An interactive application that displays text on a terminal in a scrolling format. The user is allowed to navigate freely within the text displayed using the specified commands.

Bulletin. An electronic mail message automatically delivered by MailMan under certain conditions. For example, a bulletin can be set up to generate when a particular type of referral is entered into the system.

CHS. Contract Health Services. Services not directly available from IHS that are purchased under contract from community hospitals and practitioners.

CPT. Current Procedural Terminology.

Field. In a record, a specified area used for a category of data. Specifications as to the type of data that can be entered apply to each field. These specifications are accessible on the Help screens throughout the program.

File. A set of related records or entries treated as a single unit.

ICD. International Classification of Diseases.

IHS. Indian Health Service.

LAYGO Access. A user's authorization to create a new entry when editing a computer file. Learn As You Go provides the ability to create new entries. An example of LAYGO is the Specific Provider field of the RCIS.

Local. The system which a user is currently signed on to.

MailMan. An electronic mail system that allows users to send and receive messages via the RPMS computer. Electronic mail messages received via MailMan may also be bulletins that are automatically generated.

Menu. A list of choices for computing activity. A menu is a type of option designed to identify a series of items (other options) for presentation to the user for selection. When displayed, menu-type options are preceded by the word *select* and followed by the word *option,* as in "Select Menu management option:" (the menu's select prompt).

Option. An entry in the Option file. As an item on a menu, an option provides an opportunity for users to select it, thereby invoking the associated computing activity. Options may also be scheduled to run in the background, non-interactively, by TaskMan.

PCC. Patient Care Component The central repository of data for the RPMS.

Prompt. A question or message issued interactively the requires a response.

Queuing. Requesting that a job be processed at a later time rather than within the current session.

RCIS. An abbreviation for the Referred Care Information System.

Record. A set of related data treated as a unit.

Resource and Patient Management System (RPMS). A suite of software applications used at IHS facilities to support administrative, clerical, and clinical functions.

RETURN Key. The same as the ENTER key on the computer keyboard.

Security Key. A means of safeguarding options that are to be used by managerial staff only; for example, a security key is required to modify a closed referral. Security keys are assigned to appropriate personnel by the local Site Manager.

Service Unit. An administrative unit of the Indian Health Service.

Spacebar/Return. The use of the key combination Spacebar/Return at a prompt to retrieves the user's last response to that prompt.

Template. A means of storing report formats, data entry formats, and sorted entry sequences. A template is a permanent place to store selected field specification for use at a later time.

Up-Arrow Jump. In the menu system, entering an up-arrow (^) followed by an option name accomplishes a jump to the target option without needing to take the usual steps through the menu pathway.

Up-Hat. A circumflex, also know as a "hat" or "caret," that is used primarily for exiting functions and jumping in the RCIS. The up-hat is denoted as "^" and is typed by pressing Shift+6 on the keyboard.

User. A person who interacts with the computer applications.

Verify Code. A secret password used along with the access code to provide secure user access. The verify code must be entered by the user after entering the access code in order to log on to the RPMS.

Appendix

Data Entry Screen Help

When entering and modifying data, the following commands allow you to navigate through the data entry screens.

Cursor Movement

Move right one character	<Right>
Move left one character	<Left>
Move right one word	<Ctrl-L> or <PF1><Space>
Move left one word	<Ctrl-J>
Move to right of window	<PF1><Right>
Move to left of window	<PF1><Left>
Move to end of field	<PF1><PF1><Right>
Move to beginning of field	<PF1><PF1><Left>

Modes

Insert/Replace toggle	<PF3>
Zoom (invoke multiline editor)	<PF1>Z

Deletions

Character under cursor	<PF2> or <Delete>
Character left of cursor	<Backspace>
From cursor to end of word	<Ctrl-W>
From cursor to end of field	<PF1><PF2>
Toggle null/last edit/default	<PF1>D or <Ctrl-U>

Macro Movement

Field below	<Down>
Field above	<Up>
Field to right	<Tab>
Field to left	<PF4>
Pre-defined order	<Return>
Next page	<PF1><Down> or <PageDown>
Previous page	<PF1><Up> or <PageUp>
Next block	<PF1><PF4>
Jump to a field	^caption
Go to command line	^
Go into multiple or word-processing field	<Return>

Command Line Options

Enter the up-hat (^) at any field to jump to the command line.

Command	Shortcut	Description
Exit	see below	Exit form (asks whether changes should be saved)
Close	<PF1>C	Close window and return to previous level
Save	<PF1>S	Save changes
Next page	<PF1><Down>	Go to next page
Refresh	<PF1>R	Repaint screen

Other Shortcut Keys

Exit form and save changes	<PF1>E
Quit form without saving changes	<PF1>Q
Invoke Record Selection Page	<PF1>L

Word-Processing Screen Help

The following options are helpful for using the word-processing screens in the RCIS.

Edit Options

The options below are available for editing text that has been entered into a word-processing field. To use one of the options, type the first letter of the command at the EDIT prompt.

Add Lines to End of Text
Break a Line into Two
Change Every String to Another in a Range of Lines
Delete Line(s)
Edit a Line (Replace __ with __)
Insert Line(s) after an Existing Line
Join Line to the One Following
List a Range of Lines
Move Lines to New Location within Text
Print Lines as Formatted Output
Repeat Lines at a New Location
Search for a String
Transfer Lines from Another Document
Utility Sub-Menu

Utility Sub-Menu

The options below are available from the utility sub-menu. To use one of these options, type the first letter of the command.

Editor Change
File Transfer from Foreign CPU
Text-Terminator-String Change